

**APPLICATION FOR VOLUNTARY WORK**

Surname..... Forenames .....

Address .....

.....

Date of birth ..... Postcode .....

Home Tel. No. .... Mobile Tel. No. ....

E-mail .....

Emergency contact name .....

Relationship..... Tel. No.....

Do you hold a current driving licence? Yes / No      Do you have your own transport? Yes / No

Details of languages spoken .....

**Details of availability**

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate below if your interest in volunteering with us is likely to be of a limited duration.

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Why are you interested in becoming a volunteer at the Countess of Chester Hospital?

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Please give brief details of any present or previous voluntary work.

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Briefly describe the skills/experience/training etc. which you could bring to your voluntary work based on qualifications, past employment, hobbies etc.

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INVESTOR IN PEOPLE

Please use the space here for any further information you may wish to give in support of your application for voluntary work. Details of any interests/sports etc, including membership of clubs/societies/churches etc, will help us to assess where we could best place you as a volunteer. It would also be helpful if you could describe any particular strengths you consider an advantage to becoming a volunteer in this area of work.

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### References

Please give details of two people who know you well (i.e. have known you for over two years but are not directly related to you) and would be willing to provide a reference for you.

Name ..... Name .....

Address ..... Address .....

.....

Postcode ..... Tel. No. .... Postcode ..... Tel. No. ....

### Rehabilitation of offenders act 1974 (amendments order 2002)

Due to the sensitive roles undertaken by volunteers and their contact with vulnerable people you must declare any criminal convictions against you even if they are regarded as "spent" under the above act (Criminal convictions will not necessarily prevent individuals from volunteering at the Countess of Chester Hospital). Applicants for roles involving substantial access to children or vulnerable adults will be subject to 'Disclosure' screening by the Criminal Records Bureau

If appropriate, please state "no convictions to declare" .....

Health - are you in good health? Yes / No (Please tick applicable)

Please indicate any disabilities or health problems, which the trust might have to make special arrangements.

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Before being engaged to undertake voluntary work, volunteers will be required to make a declaration about their health, or may be medically screened.

I declare that the information given on this form is true and complete to the best of my knowledge and beliefs.

Signature ..... Date .....

**Data Protection Statement:** The information you have provided and agreed to will be **kept by the Trust and created in the strictest confidence. It will not be shared with a third party without your explicit consent unless we have a statutory obligation to do so.** We may access your contact details in the event of an emergency affecting you.

**Please return completed form to:** Sue Cornick  
Voluntary Services Co-ordinator  
Countess of Chester Hospital NHS Foundation Trust  
Liverpool Rd, Chester CH2 1UL