

Colchester League of Hospital and Community Friends

VOLUNTEER APPLICATION FORM

Information given will be completely confidential PLEASE PRINT

Mr/Mrs/Miss/Ms	
Surname	First name
Address	
	Post Code
Telephone No.	Date of birth
E-mail address	
In case of any personal emergency please give name and telephone of who you would like contacted	

How did you hear of the League:

Present/Previous occupation:

Previous Voluntary Work:

Preferred times to help: Mornings / Afternoons / Evenings / Weekends

Days NOT available:

TICK YOUR PARTICULAR INTERESTS

Ward Shop Trolley Round	Ward Newspaper Round
Shops / Refreshment Bars	Gift Shop
Guiding	Weekend information desk
Administration / Fundraising support	Whatever is required

Guiding and information duties are not normally available to new volunteers at the outset as training and a good general knowledge of the hospital is required. Please tick if you are interested but you will initially need to take on another role.

Applicants must be over 16 and under 85, and 18 or over to work on ward trolleys.

Most positions are at Colchester General but we have shops at Essex County Hospital and the Primary Care Centre, Turner Road. If you are particularly interested in working in these locations please underline your preference above.

Please tell us why you are interested in volunteering.

> >

Hobbies / interests:

Any additional information you wish to share. Details of any special skills or experience would be especially helpful:

<p>We would appreciate two references.</p> <p>If possible please attach one to this form or bring with you when you attend for interview.</p> <p>We would like to contact a second referee so please provide details in the box to the right</p> <p>Referees should have known you for two years and not be related. Please provide name, address and telephone number.</p>	<p>REFEREE</p>
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Have you ever been convicted of a criminal offence or have any hearings pending YES / NO If yes please give details:

If you plan to drive to the hospital please give your car registration number:

Signed:

Date:

Appointments are exempt from the Rehabilitation of offenders Act and you are not entitled to withhold information about convictions. Volunteer appointments are subject to a one month probationary period. Depending on your agreed duties it may be necessary for you to undertake a Criminal Record Bureau check. We will guide you through this simple process

We request that you donate a £3 annual membership subscription.

PLEASE RETURN THIS FORM TO:

PERSONNEL, League of Friends, Primary Care Centre, Turner Road, Colchester, CO4 5JR

OFFICE USE

References requested:

Received:

Appointment letter sent:

Badge issued:

Start date:

Area:

Notes: