



SEATON & DISTRICT HOSPITAL LEAGUE OF FRIENDS

Seaton & District Community Hospital
Valley View • Seaton • Devon • EX12 2UU

Telephone: 01297 20143 • Email: SeatonLOF@nhs.net

www.seatonlof.btck.co.uk

Registered Charity Number 1146357

PRIVATE & CONFIDENTIAL

APPLICATION FOR VOLUNTARY POST

Seaton & District Hospital League of Friends welcomes applications from all sections of the community regardless of age, race, colour, sex, marital status, religion, ethnic origin, nationality, disability or sexual orientation.

Please complete this form in BLOCK CAPITALS

| | |
|-------------------------------------|-----------------------|
| SURNAME: | TITLE: Mr/Mrs/Miss/Ms |
| FIRST NAMES: | |
| ADDRESS: | |
| POSTCODE: | |
| TELEPHONE (HOME): | (MOBILE): |
| E-MAIL ADDRESS: | |
| DATE OF BIRTH: | |
| OCCUPATION (Present &/or Previous): | |

What type of voluntary role are you interested in? Please tick

| | |
|--------------------------|-----------------------|
| <input type="checkbox"/> | Ward Visiting Service |
| <input type="checkbox"/> | Hospital Kiosk |
| <input type="checkbox"/> | Gardening |
| <input type="checkbox"/> | Charity Shop |
| <input type="checkbox"/> | Fundraising |
| <input type="checkbox"/> | Other |

Why do you wish to be a volunteer?

Have you any special skills/experience/knowledge which you think would be of help as a volunteer?

What interests/hobbies do you have?

Can you use a computer?

Please indicate if you have worked with: the elderly, those suffering from mental health disorders or the physically impaired?

HAVE YOU EVER VOLUNTEERED BEFORE?
 If YES please complete the following section

| NAME & ADDRESS OF ORGANISATION/CHARITY | MAIN DUTIES | FROM | TO | REASON FOR LEAVING |
|--|-------------|------|----|--------------------|
| | | | | |

HOW MUCH TIME WOULD YOU BE PREPARED TO GIVE?

Please also state the day of the week, times during the day, evening, and /or weekend that you would be regularly available. Please note that we appreciate regular commitment.

| DAY OF THE WEEK | MORNING FROM / TO | | AFTERNOON FROM / TO | |
|-----------------|----------------------|--|------------------------|--|
| MONDAY | | | | |
| TUESDAY | | | | |
| WEDNESDAY | | | | |
| THURSDAY | | | | |
| FRIDAY | | | | |
| SATURDAY | | | | |
| SUNDAY | | | | |

PERSONAL REFERENCES

Please give details of two people who we may approach if called for an interview and who are able to provide references relating to your experience and suitability to this post (not relatives or your partner). One referee should be someone who knows you professionally such as an employer (including voluntary work), teacher or healthcare professional.

| | |
|-------------------------------|-------------------------------|
| Name: | Name: |
| Address: | Address: |
| Postcode: | Postcode: |
| How do you know them? | How do you know them? |
| How long have you known them? | How long have you known them? |

ARE YOU LEGALLY ENTITLED TO WORK/VOLUNTEER IN THE UK?

REHABILITATION OF OFFENDERS ACT 1974

I confirm that to the best of my knowledge the details given are correct. I understand that the post applied for is NOT protected by the Rehabilitation of Offenders Act 1974 and that I must disclose all information about all convictions (if any) in a Court of Law, no matter when they occurred. Due to the special nature of some posts, prospective volunteers will be subjected to a Criminal Record Bureau check.

ARE YOU CURRENTLY BOUND OVER OR HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE IN THE UK OR IN ANY OTHER COUNTRY?

In accordance with the 1998 Data Protection Act it is agreed that Seaton & District Hospital League of Friends may hold and use personal information about me for placements reasons and to enable Seaton & District Hospital League of Friends and Seaton & District Community Hospital to keep in touch with me. This information can be stored in both manual and/or computer form, including the data in section 2 of the Data Protection Act 1998.

I understand that in order to be considered for a placement as a volunteer I will be asked to produce evidence of identification, address, and status in the UK when applicable.

I understand that my ID Badge is property of Seaton & District Hospital League of Friends and when I stop volunteering I have to surrender my ID Badge to the Manager.

I declare that the information given on this form is true and complete. I understand that any false information may result in the withdrawal of any offer of voluntary role or my dismissal if accepted as a volunteer.

SIGNED:

DATE:

Please return the completed application form to Lycia Moore at the League's office.