



LEAGUE OF FRIENDS OF THE ROYAL BERKSHIRE HOSPITAL

VOLUNTEER APPLICATION FORM (CONFIDENTIAL)

Surname.....First Name.....

Mr/Mrs/Miss/Ms/Other (delete as appropriate) Date of Birth.....

Address.....

.....Post Code.....

Tel. Home.....Tel. Mobile.....

E.Mail address.....

National Insurance Number.....

How did you hear of the volunteer vacancies?

Please indicate which volunteer position you have applied for (tick as applicable)

- Shop Volunteer
- Trolley Round Volunteer
- Gardening Volunteer
- Fundraising Volunteer

State briefly your reasons for applying to be a League of Friends Volunteer:

How did you hear about the League of Friends?

Have you ever applied for a Volunteer position in the Trust previously: Yes/No

If yes please give details:

Do you have any previous experience as a Volunteer? (please give details)

What are your hobbies or interests?

What is/was your occupation?

Please indicate when you are likely to be available as a shop volunteer by ticking the appropriate boxes.

Monday – Friday shifts are Morning 8.30 am – 11.30am. Lunch 11.30am – 2.30pm.

Afternoon 2.30pm – 5.30pm. Evenings 5.30pm – 8.00pm

Saturday and Sunday shifts are Morning 10am – 1pm Afternoon 1pm – 4pm.

Trolley round volunteers are Morning shift only

Gardening and fundraising volunteers as required.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Lunchtime							
Afternoon							
Any Other							

Would you be available every week? Yes/No

Please give the name and address of two people willing to provide references. Please state in what capacity these people know you. They should not be related to you in any way.

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

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

.....

Postcode..... Postcode.....

Capacity..... Capacity.....

CONVICTIONS

Because of the nature of the Voluntary Work in the National Health Service, under the terms of the Rehabilitation of Offenders Act 1974, you must not withhold any information regarding any previous or current convictions.

Do you have any criminal convictions or bind overs, cautions, warnings or reprimands to disclose? Yes/No

If yes, please give details.

CONFIDENTIALITY

During the course of my work as a Volunteer, I may acquire personal knowledge about a patient. I fully understand that all such information must be treated with absolute confidentiality and that I must not discuss this with any persons other than relevant staff.

Signed.....Date.....

Please return in the post to : - (marked Private & Confidential):

League of Friends of the Royal Berkshire Hospital
Royal Berkshire Hospital
London Road
Reading RG1 5AN

OR

Email: - lof@royalberkshire.nhs.uk

Visit our website at www.lof-royalberks.org.uk to find out more about League of Friends
League of Friends 0118 3228592

For Office Use Only

Date of Interview.....Placement Area.....

Day(s) & Time(s) of Voluntary Work.....

Date refs applied for.....Refs Received (1)..... (2).....

Start Date.....Left.....

Evidence of right to work seen, start and expiry date

Interviewing Staff.....Date of Commencement.....