**Please note that volunteers must be aged 18 years old or over**

**Personal Details**

Title**:** (Mr/Mrs/Miss/Other)

First Name: Surname:

Address:

Town/City:

County: Post Code:

Daytime Tel: Mobile:

Email Address: (if regularly used)

UHB Charity - Volunteer Application Form

**Emergency Contact Details:**

Name of person to contact in an emergency:

Telephone Number:

Alternative Number:

What relationship are they to you?

**Have you ever applied to be a volunteer at UHB Charity before?**

Yes No

**How did you find out about becoming a volunteer for UHB Charity?**

Friend Hospital visitor Patient

Charity website Charity social media Advert

Volunteer Services Other (please specify)

**Please list any previous/existing voluntary or community activities**

**Site preferences: (Please Tick)**

Queen Elizabeth

Hospital Birmingham Solihull Hospital

Good Hope Hospital Heartlands Hospital

**Availability: (Please Tick)**

Are you able to give a regular commitment of at least 6 months volunteering?

Yes No

(For ad hoc roles such as events this means being open to opportunities for 6 months)

**Please let us know your availability below**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Morning | Afternoon | Evening |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

**Supporting Information:**

Which volunteer role/s are you interested in? *(please list in order of preference)*

**Please State in a few words, why you would like to join us as a volunteer**Please include the following:
- Why do you want to volunteer at UHB Charity?
- How you have demonstrated your commitment to something?
- What skills/attributes do you have that you feel will make you a good volunteer?
- What would you like to get from your volunteer experience?

**Volunteer Declaration**

I confirm that the information that I have provided in this application form is correct and complete. I understand and accept that if I knowingly withhold information, or provide false or misleading information, this may result in my application being rejected or my placement being terminated.

**Signature: Date:**

**Print Name:**

**Please tell us your date of birth:**

We require this information to confirm that you are aged 18 years or over. We will ask to see some form of photo ID to verify this.