

## Volunteer Application Form

If you require assistance in completing this form or require a different format please contact the HHCC and Volunteer Team on 01423 55 7408 or [hdft.volunteering@nhs.net](mailto:hdft.volunteering@nhs.net)

### Section 1 – Your Details

Title	Forename	Middle name	Surname
Preferred Name			
Date of Birth			
Gender	Nationality	Religion	
House Name / No			
Street Name			
Town	County	Postcode	
Telephone Number	Mobile Number	Email	
Next of Kin			
Relationship			
Address			
Contact Number			

OFFICE USE ONLY			
Folder created:	Y / N	Date:	
Reference Requested:	Y / N	Date Ref 1:	Date Ref 2:
DBS Documentation Requested:	Y / N	Date:	
References Received:	Y / N	Date Ref 1:	Date Ref 2:
DBS Applied for:	Y / N	Date applied for DBS:	DBS Recieved:
Invited to Induction:	Y / N	Date booked on Induction:	

## Section 2 – Additional Information

<b>Driving Status</b>	
<b>Are you happy to use your own vehicle?</b>	
<b>Employment Status</b>	

## Section 3 – Your interest in volunteering

Please give your reasons for applying to be a Volunteer.

## Section 4 – Volunteer Positions

Please indicate which Volunteer positions you are interested in by putting an X in the appropriate box(es). Please note we may not have vacancies in your chosen area at the time of application, however we will discuss this with you.

<b>Volunteering Positions</b>	
<b>Administration Duties</b>	
<b>Breast Feeding Peer Support</b>	
<b>Catering Volunteer</b>	
<b>Chaperone</b>	
<b>Chaplaincy</b>	
<b>Driver</b>	
<b>Gardening</b>	
<b>Harrogate Hospital &amp; Community Charity (including The Friends of Harrogate Hospital)</b>	
<b>Harrogate Hospital Radio</b>	
<b>Meal Time Volunteer</b>	
<b>Meet, Greet &amp; Guide</b>	
<b>Pop Up Shop</b>	
<b>Sir Robert Ogden Macmillan Centre SROMC</b>	
<b>Other Skills you wish us to consider</b>	

## Section 5 – References

Reference 1	
<b>Name</b>	
<b>Address</b>	
<b>Contact Number</b>	
<b>Email Address</b>	
<b>Relationship to referee:</b>	
<b>How long have you known this person?</b>	

Reference 2	
<b>Name</b>	
<b>Address</b>	
<b>Contact Number</b>	
<b>Email Address</b>	
<b>Relationship to referee:</b>	
<b>How long have you known this person?</b>	

## Section 6 – Availability

Preferred time to help Volunteering

## Section 7 – Further Important Information - please complete all sections

### Disability information

Do you consider yourself to be disabled? Please delete as appropriate:

Yes

No

If you have answered 'Yes', what support or reasonable adjustments do you think you will need to be made for you to take up a volunteering post within this Trust?

---

---

### Personal Health Information

Is there anything relating to your health or personal circumstances which you would like us to take into account? Please also detail below any relevant health information.

---

---

### Nationality and immigration status

Are you a United Kingdom (UK) or European Community (EC) or European Area (EEA) National?  
Please delete as appropriate:

Yes

No

## Non-EU nationals

If you have answered 'No', not all visas allow you to volunteer. Please supply details of any visa currently held, including number, start/expiry date and details of any restrictions. Please confirm that the visa allows volunteering (if in any doubt you should check with the UK Border Agency)

## Rehabilitation of Offenders Act

Because of the nature of voluntary help given in healthcare, exemption under the Rehabilitation of Offenders Act 1974 applies:

Have you ever been convicted of an offence, or received a Caution, Reprimand or Warning? Please delete as appropriate:

Yes

No

If yes please provide details of the Conviction, Caution, Reprimand or Warning – these will be treated in the strictest of confidence.

---

All Volunteers will be required to complete a Disclosure Application for the Criminal Records Bureau.

You may also be required to complete the Trust's Health questionnaire which may or may not result in you being asked to see the occupational health doctor as well as complying with all the NHS Employment Check standards.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return this form by email to: [hdfv.volunteering@nhs.net](mailto:hdfv.volunteering@nhs.net) indicating in the subject field which Volunteer post interests you most. Alternatively you may post it to:

HHCC and Volunteer Team  
Planning Department, Trust HQ  
Harrogate District Hospital  
Lancaster Park Road  
Harrogate  
HG2 7SX

**V4.0 August 2020**