**Please complete this form and return it to us at the address at the end of this document. Any information you provide will be maintained in the strictest confidence.**

Volunteer Application Form

**Start by typing your title and use the tab key on your keyboard**

**to move to the next text box in the form.**

|  |  |  |
| --- | --- | --- |
| Title | Given name(s)      | Surname/family name      |
| Address                Postcode       | Mobile number        | Landline      |
| Email address      |
| Emergency contact details (next of kin) |
| Name      | Landline      |
| Relationship to you      | Mobile number      |
| About you |
| Why are you applying to be a volunteer at Mildmay? Include any information you feel may be important to your application. (Please give a comprehensive answer of around 150 words)      |
| Relevant current/past employment (including dates)      |
| Relevant current/past voluntary work (including dates)      |
| Do you speak any languages other than English? (Please indicate language and level of proficiency)      |
| Do you have any additional skills you would be happy to use when volunteering (e.g. music, IT skills)?      |
| Is there any medical information which may be useful for us to know in relation to your application?       |
| Is there any special help that you might require to support your volunteering?       |
| Which days and times would you be able to volunteer? |
|

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

 |
| Please indicate which areas of voluntary work within Mildmay interest you |
|

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Patient befriender | [ ]  | Admin | [ ]  | Gardening | [ ]  | Reception  | [ ]  |
| Chaplaincy | [ ]  | Medication pickup | [ ]  |  |  |  |  |
| Other       |

 |
| All volunteering positions are subject to two satisfactory referencesPlease ensure that at least one referee is a professional contact and that neither referees is a relation or your partner. We will not contact the referees without your consent. |
| First reference | Second reference |
| NameAddress     TelEmail | NameAddress     TelEmail |

# DECLARATIONS

(Please check the boxes to confirm that you have read and understood each section before you sign)

|  |
| --- |
| Disclosure and Barring Service (DBS)  |
| [ ]  | All volunteers require police clearance via the Disclosure and Barring Service (DBS)We are exempt from the provisions of the rehabilitation of offenders act 1974, so that maximum protection can be given to the public. You are therefore required to declare if you have any criminal convictions, whether or not, they are “spent.” |

|  |
| --- |
| Do you have any criminal convictions? If yes please give brief details:      |

|  |
| --- |
| Age Restrictions |
| [ ]  | Volunteers need to be 18 years or over, please confirm you are over 18. |
| Commitment |
| [ ]  | I intend to volunteer at Mildmay Hospital for a minimum of 6 months. I also understand this means I won’t be recommended for any paid roles at Mildmay for at least 6 months. Please see separate Volunteer Agreement. |
| Data  |
| [ ]  | I am happy for Mildmay to use the data I have provided above in relation to my volunteering. I understand that Mildmay will not use this information for any other purpose or pass this information to any third parties. |
| Final Declaration |
| [ ]  | I declare that to the best of my knowledge the information I have given is true and current. I understand that a false statement may result in the termination of the voluntary appointment made from this application. I understand that I am not applying for a paid position.  |
| Signed: | Date: |

# When completed, save the form and return it by post or email to:

Volunter Coordinator

Mildmay Mission Hospital

19 Tabernacle Gardens

London E2 7DZ

Email: mmh.volunteer.coordinator@nhs.net

# Privacy notice

Our full privacy statement is on our website at: [mildmay.org/privacy-policy](https://www.mildmay.org/privacy-policy)

Equal Opportunities Monitoring Form

To help us monitor the effectiveness of our Equal Opportunities policy, we ask you to complete this confidential form as part of your application. Please be assured that this form will be used for statistical monitoring purposes only.

|  |
| --- |
| What is your gender? |
| Male [ ]  | Female [ ]  | Prefer not to say [ ]  |
| If other, please write here:       |

|  |
| --- |
| What is your marital status? |
| Are you married or in a civil partnership? |
| Yes [ ]  | No [ ]  | Prefer not to say [ ]  |

|  |
| --- |
| What age group are you? |
| 18-24 [ ]  | 25-29 [ ]  | 30-34 [ ]  | 35-39 [ ]  | 40-44 [ ]  |
| 45-49 [ ]   | 50-54 [ ]  | 55-59 [ ]  | 60-64 [ ]  | 65+ [ ]  |
| Prefer not to say [ ]  |

|  |
| --- |
| Ethnicity |
| Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick one appropriate box. |
| Black / African / Caribbean / Black British |
| African [ ]  | Caribbean [ ]  | British [ ]  | Prefer not to say [ ]  |  |
| Any other Black/African/Caribbean background:       |
| Asian / Asian British |
| Indian [ ]   | Pakistani [ ]  | Bangladeshi [ ]  | Chinese [ ]  | Prefer not to say [ ]  |
| Any other Asian background:       |
| Other ethnic Groups |
| Arab [ ]  | Prefer not to say [ ]  | Any other ethnic group       |
| Mixed / multiple ethnic groups |
| Black Carribean and White [ ]  | Black African and White [ ]  |
| Asian and White [ ]  | Prefer not to say [ ]  |
| Any other mixed background:       |
| White |
| English [ ]  | Welsh [ ]  | Scottish [ ]  | Northern Irish [ ]  | Irish [ ]  |
| British [ ]  | Gypsy or Irish Traveller [ ]  | Prefer not to say [ ]  |

|  |
| --- |
| DisabilityDo you consider yourself to have a disability or health condition? |
| Yes [ ]  | No [ ]  | Prefer not to say [ ]  |
| What is the effect or impact of your disability or health condition on your ability to volunteer? Please write in here:      |

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’ then please discuss this with the Volunteer Coordinator.

|  |
| --- |
| What is your sexual orientation? |
| Heterosexual [ ]  | Gay woman/lesbian [ ]  | Gay man [ ]   | Bisexual [ ]  |
| Prefer not to say [ ]  | If other, please write here:       |

|  |
| --- |
| What is your religion or faith? |
| No religion or belief [ ]  | Buddhist [ ]  | Christian [ ]   | Hindu [ ]  |
| Jewish [ ]  | Muslim [ ]  | Sikh [ ]  | Prefer not to say [ ]  |
| Other       |

Thank you for taking the time to complete this form.