

The Friends of Fareham Community Hospital



Volunteer Application

Name: _____

Address: _____

Mobile Phone: _____

Home Phone: _____

Email: _____

Next of kin Name: _____

Phone: _____

Area of interest: (please circle all relevant categories)

Admin

Memory Group

Fundraising

Gardening

Hospitality

Book Trolley

Driving

Driver Co-ordinator

Projects

Volunteer Co-ordinator

Other (please specify)

Please tell us a little about yourself i.e., your experience and interests and why you would like to volunteer.

The Friends of Fareham Community Hospital

References

Please give names and addresses of two referees. Ideally the first reference should be from someone with whom you have worked with in a paid or voluntary capacity. Please ensure that your referees are not family members.

Name: _____

Address: _____

Telephone:

Email:

In what capacity do
you know referee one?

Name: _____

Address: _____

Telephone:

Email

In what capacity do
you know referee two?

**The Friends of Fareham Community Hospital
Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975**

The role you have applied for is exempted from the Rehabilitation of Offenders Act 1974, which means that all criminal convictions, cautions, warnings or reprimands or current police investigations need to be disclosed that are not protected under the Rehabilitation Offenders Act 1974 (exceptions) Order 1975 (Amendment) (England and Wales) Order 2013. Convictions obtained abroad must also be declared as well as those from the UK. To protect adults at risk of abuse for roles such as driving to medical appointments or shopping a Disclosure and Barring Service (DBS) disclosure will also be required.

Have you been convicted of any criminal offence at any time? Yes No

Do you have any charges pending? Yes No

If yes, please give details of the conviction(s), charge(s) and date(s). Please provide these for the Friends of Fareham Community Hospital Safeguarding Representative in an envelope marked 'confidential'.

Privacy Notice and Declaration

The information you provide on this form will be used for the purpose of a safer recruitment process and assessing your suitability for roles, to ensure we are complying with our legal obligations. If for any reason your application does not go forward, we will retain the information for a further six months, after which it will be destroyed. If your application is successful, this information will become part of your volunteer file and retained during your time as a volunteer. I understand that any offer of volunteering with Friends of Fareham Community Hospital is subject to the satisfactory receipt of documentation including references, a Confidential Declaration form and a DBS check (if appropriate) and is binding in honour only. By signing below, you are declaring that to the best of your knowledge the information given on this form is correct, and you are consenting to your personal information being used for the purposes set out above.

Signature..... Date.....

please email a copy of this form to

Fiona Kindleysides: fionakindleysides@btinternet.com