**Volunteer Application**

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| **Role Applied For** | |
| Position |  |
| Region |  |

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| --- | --- | --- | --- | --- | --- |
| **Your Details** | | | | | |
| Title |  | First Name |  | Surname |  |
| Address |  | | | | |
| City / Town |  | | | | |
| Post Code |  | | | Telephone |  |
| Email |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Person to contact in case of emergency** | | | | | |
| Title |  | First Name |  | Surname |  |
| Address |  | | | | |
| City / Town |  | | | | |
| Post Code |  | | | Telephone |  |
| Email |  | | | | |

**References**

Please give details of two people (who are not related to you) who can comment on your suitability as a volunteer. Painting in Hospitals reserves the right to contact all previous organisations’ where you have worked in a paid or unpaid capacity.

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| **Referee 1** | | | | | |
| Title |  | First Name |  | Surname |  |
| Address |  | | | | |
| City / Town |  | | | | |
| Post Code |  | | | Telephone |  |
| Email |  | | | | |

|  |  |  |  |  |  |
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| **Referee 2** | | | | | |
| Title |  | First Name |  | Surname |  |
| Address |  | | | | |
| City / Town |  | | | | |
| Post Code |  | | | Telephone |  |
| Email |  | | | | |
| **What skills and experience will you bring?** | | | | | |
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| **Why would you like to join Paintings in Hospitals as a volunteer?**  **What tasks interest you most?**  *Please refer to the role profile document you were sent or the volunteering section on our website if applicable* |
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| **How long do you plan to volunteer for and what are your plans for the future?**  *Please indicate how much time you can offer us, how frequently, and which days of the week/month suit you best* |
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| **Have you ever worked as a volunteer before? If yes, please give details** |
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| **Tell us about your hobbies and interests** |
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**Availability**

*Please leave the applicable availability, deleting the other options as appropriate:*

In full-time employment | In part-time employment | In part-time employmentNot working / retired from employment Not working / retired from employment

I In full-time further education / school

**Health**

*Are there any restricting factors or medication that we should be aware of? Please* *delete as appropriate:*

Yes | No

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| **If yes, please specify how we can help you** |
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| **Please tell us how you heard about Paintings in Hospitals** |
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| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |

Please return your completed form to:  [mc@paintingsinhospitals.org.uk](mailto:mc@paintingsinhospitals.org.uk)

**Paintings in Hospitals** Unit 11, Earlsfield Business Centre, 9 Lydden Road, London, SW18 4LT