

Volunteer Application Form

Role Applied For			
Position		Region	

Your Details					
Title		First Name		Last Name	
Address					
Town/City				Postcode	
Email					
Telephone				Date of birth	

Person to contact in case of emergency					
Title		First Name		Last Name	
Address					
Town/City				Postcode	
Email				Telephone	

Availability

Please tick as appropriate:

- In full-time employment
 In part-time employment
 In full-time further education
- Not working / retired from employment
 Other, not listed: _____

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.

Referee 1					
Title		First Name		Last Name	
Address					
Town/City				Postcode	
Email				Telephone	

Referee 2					
Title		First Name		Last Name	
Address					
Town/City				Postcode	
Email				Telephone	

Health

Are there any restricting factors or medication that we should be aware of?

Yes

No

Please tick as appropriate:

If yes, please specify how we can help:

About you...

What skills and experience will you bring?

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

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.

Have you ever worked as a volunteer before? If yes, please give details

Tell us about your hobbies and interests.

Please tell us how you heard about Paintings in Hospitals.

Signature		Date	
------------------	--	-------------	--

Please return your completed form to:

mc@paintingsinhospitals.org.uk

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