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| **Whittington Health Voluntary Service** **Expression of Interest Form** |
| Please complete as thoroughly as you can and either drop it off in person: Volunteer Office, Level 0, Magdala AvenueLondon N19 5NFOr email back to us atwhh-tr.volunteers@nhs.net  |
| **Your Information** |
| Name:       | Are you over 16?       |
| Address:       | Email:        |
| Telephone number:        |
| **Motivation for Volunteering**  |  |
| In a few words, can you tell us why you want to volunteer? |       |
| Why did you choose Whittington Health NHS Trust? |       |
| What are your interests? |       |
| Please state your preferred role from the available roles below and briefly explain why you are a good fit.* Clerical & Administration
* Fundraising
* Macmillan Cancer Support
* Pastoral & Spiritual Care volunteer
* Ward Befriender
* Guide/Wayfinder Volunteer
* Feedback Volunteer
* Mealtime Volunteer
* Patient Involvement Volunteer

More info here: <https://tinyurl.com/WHT-Roles> |       |
| Previous Volunteering RolesPlease provide information about any volunteering you have done/are currently involved in, if applicable.  |
| **Organisation 1:** |
| Name:       | Address:       |
| How long have you volunteered here?       | What role/ key tasks were you assigned or involved in?       |
| **Organisation 2:** |
| Name:       | Address:       |
| How long have you volunteered here?       | What role/ key tasks were you assigned or involved in?       |
| **Availability & Commitment** Operating hours are between 9:00am and 5:00pm. We do not open on weekends, Bank holidays and after 5pm on weekdays.  |
| Are you available to volunteer for at least 3 hours a week? | Yes [ ]  No [ ]  |
| Can you commit to a minimum of 6 months consistent volunteering? | Yes [ ]  No [ ]  |
| Do you have a DBS certificate that has been issued within 1 year and is an Adult and Child DBS? We can arrange for a DBS certificate if your application is successful. | Yes [ ]  No [ ]  |
| Anything else you would like to share with us? | Yes [ ]  No [ ]  |
| If yes -       |

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| **Consent** – We use the information provided in this form to process your eligibility to volunteer at Whittington Hospital.If you do not hear back from us after 2 weeks of submitting your expression of interest form, please note that your application has not been successful.  | I give consent for my information to be used to process my eligibility. [ ]  I **do not** give consent for my information to be used to process my eligibility. [ ]   |