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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 Avenue London N19 5NF  Or email back to us at  [whh-tr.volunteers@nhs.net](mailto:whh-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. |