# Volunteer application form \*

Thank you for your interest in volunteering for Great Ormond Street Hospital Charity. Please complete the following information as fully as possible in block capitals and either send it to:

**HR Business Partner - Volunteering**

**Great Ormond Street Hospital Children’s Charity**

**40 Bernard Street**

**London WC1N 1LE**

Alternatively send a scanned copy via email to [recruitment@gosh.org](mailto:recruitment@gosh.org)

Once we have reviewed your application we will be in touch with you regarding next steps.

Please note we may want to meet with you prior to formally registering you as a volunteer, depending on the nature of the role for which you are applying.

No

Are you responding to an advert? (Please tick)

Yes

If yes, please provide the reference

## **Your personal details**

Postcode

Are you under the age of 18?

(

(For insurance purposes)

Yes

No

Full name

Daytime telephone no.

Evening telephone no.

Home address

## **Pre-engagement checks**

The safety of children at the hospital and at any event run by or in aid of Great Ormond Street Hospital Charity is paramount. Please note that for some roles you may be required to:

**DBS (Disclosure and Barring Service):** Undergo an enhanced DBS screening to check for previous criminal convictions and provide supporting original documents. Criminal records will be taken into account only when the conviction is relevant.

Declaring a conviction, current or spent, will not necessarily prevent you from being considered for a volunteer role. We will contact you if further information is required.

All research data from this check will be treated as sensitive confidential information. A copy of the Charity’s policy on the recruitment of ex-offenders is available from the HR department.

**Health:** Dependent on type of volunteer role a signed health declaration may be required. If a volunteer is unwell and unable to carry out pre-arranged volunteer duties, they should inform their volunteer manager as soon as possible and preferably prior to the event/project or task.

**References:** Certain types of volunteers are required to provide details for two referees who will be able to provide character references. At least one of these needs to come from a professional body e.g. previous employer, university or school. HR will be responsible for taking up such references. These roles would include:

* Trustees
* Office based volunteers
* Ambassadors

**Confirmation of eligibility to volunteer:** It is the volunteer’s responsibility to check his/her visa or entry conditions in relation to taking up a volunteering role as certain restrictions may apply.

It can take up to 12 weeks for some of these checks to be confirmed and therefore in order that we can process your application we ask that you respond promptly to any further requests for information and that you return this form in the same way.

**Volunteering history**

Please provide as much information as possible so we may allocate appropriate work to you. Describe any volunteer experience you have and provide the name of the organisation inclusive of the dates and the role you fulfilled. If you have not volunteered in the last three years, simply mark N/A.

**Employment history**

Please describe any paid employment history you may have gained in the previous three years inclusive of the name of the organisation and dates of employment, with a brief description of the role you fulfilled.

**Your availability**

Any amount of time you give is valuable to us please, indicate how much time you think you can spare.

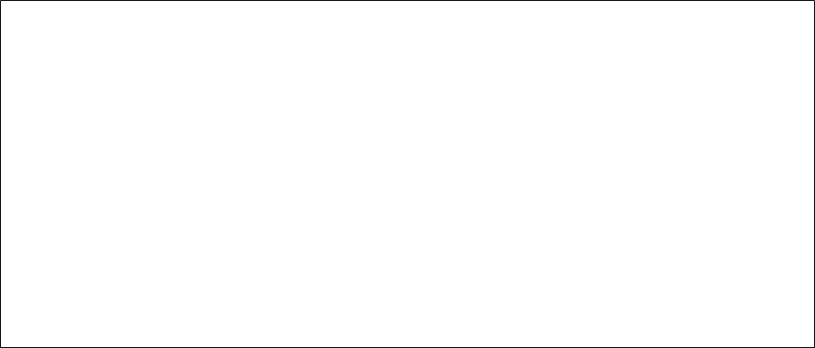
at one-off events every week (please indicate below) every month unsure, would like to discuss

If you ticked ‘every week’, which days and times are you considering?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Morning | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

**Please indicate why you wish to volunteer for Great Ormond Street Hospital Children’s Charity?**

Please mention below any additional information about you that you would like us to know and anything which may require further support from the charity whilst you volunteer (this should not affect your application).



## **Declaration**

In accordance with the Data Protection Act 1998, I agree that Great Ormond Street Hospital Children’s Charity may hold and use personal information about me for volunteering reasons and to keep in touch with me. This information, including that contained in this application can be stored on both manual and computer files. It will be held securely and only accessed by authorised personnel.

I confirm that all information enclosed in this application form is accurate and true at the time of completing it.

Print name

Signed

Date

**Please note** that unfortunately Great Ormond Street Hospital Children’s Charity is unable to offer volunteering opportunities within the hospital itself. If you are interested in volunteering at the hospital, please call 020 7405 9200 and ask for volunteer services.