

VOLUNTARY SERVICES DEPARTMENT

APPLICATION FOR REGISTRATION AS A VOLUNTARY WORKER

Name: (Mr/Mrs/Miss/Ms) _____

Address: _____

Post code: _____ Telephone - Daytime: _____ Evening: _____

Email Address _____

Past or present occupation or experience: _____

The leaflet "Volunteer Opportunities at Airedale" lists the various voluntary activities within the hospital (Airedale General only). If possible please give an indication of which services would interest you most:

Which times are you most likely to be available? Please tick:

	MON	TUES	WED	THUR	FRI	SAT	SUN
MORNING							
AFTERNOON							
EVENING							

If you are applying to be a voluntary driver and are willing to use your own car, **please note** that your insurance provision must cover damage to property and passenger liability. **VOLUNTARY DRIVERS MUST HAVE WRITTEN APPROVAL FROM THEIR INSURANCE COMPANY TO CARRY PATIENTS.**

REFERENCES

Please give the names and addresses of two referees who may be contacted.

These should be from people who:

- ◆ **Must have known you for at least TWO years**
- ◆ **Are able to comment on your suitability as a volunteer preferably in a professional capacity e.g. past or present employer, Form Tutor or other Voluntary Organisations for whom you have worked for.**

◆ **Must NOT be partners or family members and those under 18 years of age are NOT acceptable.**

1. Name: _____ 2. Name: _____
(Please print) (Please print)

Address: _____ Address: _____

Tel No.: _____ Tel. No: _____

SIGNED _____ Date: _____

Please return this form to:
The Voluntary Services Manager, Airedale NHS Foundation Trust, Airedale General Hospital,
Steeton, Keighley, West Yorkshire BD20 6TD.

If you would like to have any further information please telephone the Voluntary Services
Manager on (01535) Direct line 295316 or 652511, extension 5316 or the Voluntary Services
Assistant on 294624..