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# Volunteer Application Form

## Contact information

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| City |  |
| Postcode |  |
| Main phone number (home or mobile) |  |
| E-mail address |  |

## Availability

### During which hours are you available to volunteer? Please tick all that apply

|  |  |  |
| --- | --- | --- |
| **Day** | **AM** | **PM** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday [events] |  |  |
| Sunday [events] |  |  |

## Volunteering interests

### Tell us in which areas you are interested in volunteering – ***Please tick all that apply***

|  |  |
| --- | --- |
| Office administration (a variety of admin tasks) |  |
| Fundraising hub (our information and merchandise hub at Bristol Royal Infirmary) |  |
| Flyers & posters (help us raise awareness about the charity in your local area) |  |
| Collection tin sites (managing collection tins in your local community) |  |
| Event support (helping with stands, cheering fundraisers, bucket collections) |  |
| Marketing & communications (research, evaluation, events listings, marketing materials) |  |
| Hospital book trolley (a weekly commitment to visit wards with books for loan) |  |

## Please tell us why you want to volunteer for Bristol & Weston Hospitals Charity

|  |
| --- |
|  |

## Skills and qualifications

### Tell us about any skills and qualifications you have gained from employment, previous volunteer experience, or through other activities, including hobbies or sports.

|  |
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|  |

## Previous volunteer experience

### Tell us about any previous volunteer experience.

|  |
| --- |
|  |

## Please tell us how you heard about volunteering for Bristol & Weston Hospitals Charity

|  |
| --- |
|  |

## References – details of two character referees e.g. employer, teacher, neighbour (these cannot be relatives)

|  |  |
| --- | --- |
| **First referee** |  |
| Name |  |
| Address |  |
| City |  |
| Postcode |  |
| Main phone number (home or mobile) |  |
| E-mail address |  |
| Details of how this person knows you |  |
| **Second Referee** |  |
| Name |  |
| Address |  |
| City |  |
| Postcode |  |
| Main phone number (home or mobile) |  |
| E-mail address |  |
| Details of how this person knows you |  |

**Please send your completed application to Volunteer Co-ordinator Lindsey on** [**fundraise@bwhospitalscharity.org.uk**](mailto:fundraise@bwhospitalscharity.org.uk)

**CONFIDENTIALITY: all information disclosed on this form is confidential**

All information provided will be held by Above & Beyond in line with the Data Protection Act 2018. The Data Protection Act 1998 is now the Data Protection Act 2018 (DPA 2018).