

ALL HALLOWS HEALTHCARE TRUST

VOLUNTEER APPLICATION FORM

Volunteers are valued in many ways they *make such a difference to the patients, residents and staff at the Trust. They make peoples stay with us a happier one.*

Surname	Forenames
Address	Telephone No.
	Business Telephone No.
Where would you like to volunteer? <i>please tick appropriate boxes</i>	
All Hallows Hospital	<input type="checkbox"/>
The Day Treatment and Therapy Centre	<input type="checkbox"/>
All Hallows Nursing Home	<input type="checkbox"/>
St Edmunds House, a long term care unit for younger adults within the hospital	<input type="checkbox"/>
Which areas would you like to help with? <i>please tick appropriate boxes</i>	
Afternoon drinks – serving patients/residents hot/cold drinks and washing up. Approx. 2.15pm-4.00pm	<input type="checkbox"/>
Evening drinks – serving patients/residents hot milk drinks and washing up. Approx 7.15pm-8.15pm (<i>Hospital only</i>)	<input type="checkbox"/>
Acting as an escort in the minibus to transport patients/residents to appointments, on outings etc.	<input type="checkbox"/>
Visiting patients/residents that have very few visitors	<input type="checkbox"/>
Reading to patients/residents	<input type="checkbox"/>
Helping our activities coordinator with activities If there is a particular activity that you would be interested in helping with, please specify:	<input type="checkbox"/>
Helping to feed patients/residents at meal times (training given)	<input type="checkbox"/>
Organise and arrange flowers in the chapel and in patients/residents rooms as required	<input type="checkbox"/>
Taking the tuck shop trolley around to patients/residents	<input type="checkbox"/>
Pruning shrubs and weeding in the grounds	<input type="checkbox"/>
Helping at events	<input type="checkbox"/>
Putting up posters promoting events	<input type="checkbox"/>
More about you. <i>please tick appropriate boxes</i>	
How much time would you be prepared to give and when would you be available?	

Would you be available at short notice?	
Have you any nursing experience? <i>If so please give some brief details:</i>	
Have you any regular volunteer experience? <i>If so please give some brief details.</i>	
Have you ever worked with: children	
elderly people	
mental disorders	
physically handicapped	
Are you physically fit?	
Have you got a full clean driving licence?	
What are your hobbies?	
What is your main job?	
Where do you work?	
How did you hear of this scheme?	

Please give the names and addresses of two referees:	
1. Name and address of your past or present employer:	
2. Name and address of someone who has known you well over the past 5 years and will provide a personal reference:	
Emergency Contact:	
Name:	Telephone No:
Signed.....	Date.....