



VOLUNTEER FORM

Title First Name Last Name

Address

 Post Code

Email Phone Number

.....

Please tick to confirm which days you can volunteer:

Monday AM/PM Tuesday AM/PM Wednesday AM/PM
 Thursday AM/PM Friday AM/PM
 Saturday AM/PM Sunday AM/PM

.....

Please tick to confirm your volunteer interests:

Event Volunteering Opportunities within the hospital Arts
 Bucket Collections Christmas
 Other, please specify:

Why did you choose to volunteer with St George's Hospital Charity?

How did you hear about St George's Hospital Charity?

Tick this box if you would like to receive our regular supporter e-newsletter to the email address you have provided, and occasional other relevant emails from us about Volunteering and Fundraising opportunities. You can unsubscribe at any time.



Emergency Contact details

First Name

Last Name

Telephone Number

Mobile Number

Relationship to you

Do you have any health conditions or disabilities of which we should be aware?

Yes

No

If yes, please provide details so we can make any reasonable adjustments where necessary:

Do you have any criminal convictions or any pending?

Yes

No

If yes, please
provide details:

St George's Hospital Charity is following the COVID-19 governmental guidelines. I understand that by signing up to volunteer I am agreeing to abide by these guidelines in regards to my own safety and the safety of others while volunteering for St George's Hospital Charity.

The data we gather and hold is managed in accordance with relevant legislation. We will not disclose or share personal information supplied by you with any third party organisation without your consent. The information you have supplied on this form will be stored securely. The contact details you have provided will be used to contact you regarding your application, and future volunteering opportunities.

I understand that I am applying for an unpaid, voluntary position with SGHC. Should I attend an event, I understand that we have not entered into any employment contract and that the terms are binding in honour only. Furthermore, I understand that I will be required to comply with SGHC values, behaviours and volunteering procedures.

I confirm that the information given on this form is complete and correct and understand that any information later discovered to be incorrect may result in the termination of any volunteering arrangements made.

Signature

Date