

## Nottingham Hospitals Charity Volunteer Application Form

Thank you for your interest in volunteering with Nottingham Hospitals Charity. Please fill in this application form in as much detail as possible and return by email to [charity@nuh.nhs.uk](mailto:charity@nuh.nhs.uk), or using our freepost address: FREEPOST NUH CHARITY. No further information is required on the envelope, and you do not need a stamp.

### Your Personal Details:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

**Do you have access to a car?** *Please note this will not affect your volunteer application, although for some events it is necessary to have your own transport.*

Yes

No

**Do you have a DBS Check?**

Yes

No

**When are you available to volunteer?**

Daytime

Weekdays

Evenings

Flexible

Weekends

Other

Please state other: \_\_\_\_\_

**How often would you like to volunteer?**

Every week

Once every few months

Once a month

Once a year

**What interests you?**

Running events

Coffee mornings

Adventure/challenges

Giving talks or presentations

Bucket collections

All of the above

Sporting events

Other

Please state other: \_\_\_\_\_

**How did you hear about volunteering with Nottingham Hospitals Charity?**

- |  |   |
|--|---|
| <input type="checkbox"/> Social media or our website   | <input type="checkbox"/> Volunteering centre              |
| <input type="checkbox"/> Media (radio, TV, newspaper)  | <input type="checkbox"/> Leaflet or poster                |
| <input type="checkbox"/> Word of mouth                 | <input type="checkbox"/> Information around the hospitals |
| <input type="checkbox"/> School, college or university | <input type="checkbox"/> Other                            |
| <input type="checkbox"/> Internet search               |   |

Please state other: \_\_\_\_\_

**Do you have any specific interests you would like to pursue with your volunteering?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have any specific skills you think could be helpful for your volunteering?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**We will contact you on a regular basis with information about our upcoming volunteering opportunities. Please state your preferred form of contact:**

- Email  
 Telephone  
 Mailing

**Emergency Contact Details:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Email** \_\_\_\_\_

**Do you have any medical conditions we need to be aware of?**

Yes

No

**If yes, please include details:**

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Thank you for your interest in volunteering with Nottingham Hospitals Charity. When we receive your application, someone from the charity will be in touch. We will add you to our bank of volunteers, and contact you regularly with information about our upcoming volunteering opportunities.

If you would like any more information, please call 0115 962 7905 or email [charity@nuh.nhs.uk](mailto:charity@nuh.nhs.uk) to speak to someone from the charity about volunteering.