

**Volunteering Application Form**

**Applicant’s details**

|  |  |
| --- | --- |
| Title: |  |
| Full name: |  |
| Full address (including postcode): |  |
| Home Tel no: |  |
| Mobile: |  |
| Date of birth:  |  |
| Email address: |  |
| How did you hear about us: |  |
| Roles interested in: (please tick) | Events and Collections Volunteer Administrative VolunteerCollection Tin co-ordinator  |

**Emergency Contact details**

|  |  |
| --- | --- |
| Full name: |  |
| Relationship to applicant: |  |
| Contact Tel no: |  |

**Declaration**

1. I acknowledge that I am volunteering for York Teaching Hospital Charity entirely at my own risk and that York Teaching Hospital Charity shall not be liable in any way for damage, injury or loss that might occur as a result of any volunteering activity.
2. I will ensure that all volunteering will take place in a safe and legal manner.

|  |  |
| --- | --- |
| Signature: | Date: |

 **York Teaching Hospital Charity would love to keep in touch.**

Please let us know if you would like to hear about where money raised is helping in our hospitals and future fundraising events. [ ] By Post [ ] By Email [ ] By Phone

Please let us know if you would like to hear from us about volunteering opportunities when they arise. [ ] By Post [ ] By Email [ ] By Phone

You can read our full data protection policy at [www.york.nhs.uk/fundraising](http://www.york.nhs.uk/fundraising)

|  |  |
| --- | --- |
| Signature: | Print Name: |
| Date:  |  |

**If applicant is under the age of 18, parental consent is required**.

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