



# Volunteering Application Form

## Hospital Shop Volunteer

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We're so pleased you want to volunteer with us!

Please complete and return the form to [hello@friendsofthefriarage.org.uk](mailto:hello@friendsofthefriarage.org.uk) or post to:  
Room 47, Admin Building, Friarage Hospital, Northallerton, DL6 1JG.

**Please describe why you would like to volunteer in the Hospital Shop  
(E.g. what would you like to gain? What skills or qualities can you provide?)**

Application continues on next page



# Volunteering Application Form Cont.

## Hospital Shop Volunteer

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### Reference

Please provide the name and contact details of your present or most recent employers or if you haven't worked recently, another organisation you have recently volunteered for.

Please ensure you have gained consent from your referee to provide their details.

This volunteer role is covered by the Rehabilitation of Offenders Act 1974 and therefore applicants are only required to disclose all **unspent** Cautions and/or Convictions. Do you have any **unspent** Cautions or Convictions? If yes please tick the box and provide further details below.

This will not necessarily prevent you from volunteering, information will be considered on a case by case basis.

By completing this form you consent to Friends of the Friarage saving the details you have provided for the purposes of contacting you about volunteer activities, events and news for the Friends of the Friarage.

To the best of my knowledge the information provided on this form is correct and accurate;

We take good care of your details and they are always safe with us. You can find out more by accessing our privacy policy at; <https://www.friendsofthefriarage.org.uk/Privacy>

Friends of the Friarage is registered with the Charity Commission of England & Wales Reg: 1160941