



Volunteer Application Form

The information on this form will be treated as confidential.

About You

Mr	<input type="checkbox"/>
Mrs	<input type="checkbox"/>
Miss	<input type="checkbox"/>
Ms	<input type="checkbox"/>
Other (Please state)	

Surname:

Other Names:

Home Address:	Postcode:
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E-mail Address:

Date of Birth*:

Telephone Number:

*Please note that we are currently unable to accept volunteer applications from those under the age of 18

Please tell us about any special needs or requests we should know about:

About your next of Kin

Surname:

Other Names:

Address:

Postcode:

Contact number:

Volunteer role(s) applying for:

To enable us to check which our methods for recruiting volunteers are effective, please tell us how you found out about volunteering opportunities with the Royal Hospital Chelsea? Please tick:

The RHC website		www.do-it.org website	
Friend / Family		Other (please specify)	

Please answer the following questions in relation to the volunteering role that you are applying for:

Have you any special needs or requests we should know about? Please note these below:

Do you have previous experience of working or volunteering with retired veterans or their carers or families? If so, please outline below:

Why are you interested in volunteering with the Royal Hospital Chelsea?

Please outline any skills or experience relevant to this role which you would like to use to use during your time volunteering at the Royal Hospital Chelsea:

What are your hobbies / interests?

Personal References

Please give names and addresses of two persons to whom you are well known and have given permission for their names to be used. These referees should have known you for at least 3 years and preferably known you in a professional capacity e.g., employer, teacher, support worker but should not be in any way related to you or living at your current address. We will inform you before contacting your referees, following a discussion with the Volunteer and Work Experience Coordinator.

Referee 1:

Name	Address	Contact details
		Tel:
		Email:
Relationship to you:		
How long has this person known you?		

Referee 2:

Name	Address	Contact details
		Tel:
		Email:
Relationship to you:		
How long has this person known you?		

The Royal Hospital Chelsea thanks you greatly for your interest in volunteering with us and wishes you all the best in your application process.

If your application is successful, we will:

- Ask for references from those you have listed on your application form
- Carry out an Enhanced DBS application if this is necessary for your volunteer role

If you would like to connect with us regarding CSR availability and projects, please do send an email to volunteers@chelsea-pensioners.org.uk stating your area of interest, number of employees and availability.

Please Note: As the RHC is working with vulnerable adults, we are legally required to request that all volunteer candidates declare any criminal convictions they may have. Please state offence / date and sentence imposed, if applicable:

Privacy Notice:

Your privacy is important to us, so The Royal Hospital Chelsea Group will always keep your personal details secure. If you wish to opt out in the future from our volunteering communications, please contact Volunteers@chelsea-pensioners.org.uk. For further information on our Privacy Statement please visit our web site to read the privacy policy please go to <http://www.chelsea-pensioners.co.uk/privacy>

Data Protection:

RHC will keep the details you provide in accordance with our Data Protection Policy which is available on our website at [Privacy Policy | Royal Hospital Chelsea \(chelsea-pensioners.co.uk\)](http://www.chelsea-pensioners.co.uk/Privacy-Policy). We retain the personal data processed by us in a live environment for as long as is considered necessary for the purpose(s) for which it was collected (including as required by applicable law or regulation).

In addition, personal data may be securely archived with restricted access and other appropriate safeguards where there is a need to continue to retain it. You may be contacted after ending your volunteer role for feedback about your experience or to let you know about future opportunities. If you do not wish to be contacted, please inform the Volunteer and Work Experience Coordinator.

By ticking here, I understand and consent to the information provided on this form being processed by the RHC for its sole use and that of its associated organisations, for the purpose of promoting, delivering and improving my volunteering experience at the RHC and its product and services or such other purposes as are described in the RHC Privacy Statement. ☐

I declare the details provided on this Form are correct to the best of my knowledge.

Signed **Date**

We encourage you to complete this application electronically and email it to us at Volunteers@chelsea-pensioners.org.uk. You may also find further details of our volunteering roles which you can apply for directly through completing an online application through our [Volunteer Portal](#).