

# Friends of Barnet Hospital

Supporting Barnet Hospital since 1952

Registered Charity No 269602

## Your Hospital Shop

### APPLICATION AND AGREEMENT (PTO) FOR A VOLUNTEER POSITION IN THE HOSPITAL SHOP

**BLOCK CAPITALS THROUGHOUT, EXCEPT SIGNATURES, PLEASE**

When completed, please return to

**Volunteer Applications, c/o The Hospital Shop, Level One, Barnet Hospital,  
Wellhouse Lane Barnet, Herts EN5 3DJ**

Title	First Name	Family Name
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Address (incl Post Code)
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Phone (Landline or Mobile)	Email address	Date of Birth (Optional. For statistical use only)
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#### Relevant Skills

No previous retail experience is needed, all appropriate training will be given, but we would appreciate information about any particular skills you may have from **WORK, VOLUNTEERING or HOBBIES**. Please include any non-English languages you speak.

**We reserve the right to contact people who are not related to you but know you well enough to provide a reference. Please provide the names and contact details for TWO people who might be those referees.**

Name / Phone number	Name / Phone number
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**I understand that shifts cannot be guaranteed but my preferred options for Volunteering are: (✓)**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
08.30 to 13.00	08.30 to 13.00	08.30 to 13.00	08.30 to 13.00	08.30 to 13.00	09.30 to 13.00	09.30 to 13.00
13.00 to 17.30	13.00 to 17.30	13.00 to 17.30	13.00 to 17.30	13.00 to 17.30	13.00 to 16.30	13.00 to 16.30

# AGREEMENT

Volunteering is an enriching experience for those who give time to helping or supporting others. It creates opportunities for people to develop existing skills and learn new ones and to make a contribution to their community (in this case The Friends Of Barnet Hospital).

This agreement does not form a part of any contract of employment or an employment relationship. The agreement ensures that there is a shared understanding of obligations undertaken by both parties and that these are accepted in honour and mutual trust.

Please read and initial each of the following statements:

1	In a hospital setting volunteering is likely to bring you into contact with people who have short or long term illnesses, injuries, mental or physical disabilities.	Initials
	I am not aware of any reasons why I might be unable to work in such a setting.	

2	Patients and relatives may be in situations where they are particularly vulnerable. It is essential that any information you may obtain relating to patients and relatives is treated with sensitivity and STRICT CONFIDENTIALITY.	Initials
	I understand that I must NOT divulge any such information to another person without the express permission of the people concerned.	

3	It is also possible that you may, on rare occasions, be exposed to infections.	Initials
	I am NOT aware of any reason why I may be particularly susceptible to infections?	

4	I understand that I MUST NOT pass on details information relating to colleagues (staff or volunteers), or the details of any contract terms or pricing policies relating to any part of the Hospital Shop's business to any unauthorised person.	Initials
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5	I am NOT aware of any medical conditions that may affect my ability to undertake voluntary tasks in a shop setting.	Initials
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6	I agree that my photograph may be taken for use on an Identity Card and then held in electronic format as part of the records held by the Hospital Shop.	Initials
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7	I agree that, in the event of an emergency, either or both of the following people may be contacted	
	Name and phone number	Name and phone number

**The Friends Of Barnet Hospital (Hospital Shop) confirms that, under its responsibilities, from the Data Protection Act 1998 and General Data Protection Regulation (GDPR) 2018, all information relating to individual staff and volunteers is held in secure IT or 'hard copy' facilities. It is accessed only by authorised representatives of the Friends Of Barnet Hospital (Hospital Shop) and will only be used for providing appropriate management of staff and volunteers. Data will NOT be passed to any external people or organisations without the express understanding of the person concerned.**

*Signed* Applicant

Authorised representative of Hospital Shop

Date

**Official Use ONLY** : Interviewed by  
Agreed Start Date

Date