



Senior Hospital Chaplain:
Rabbi Z M Salasnik BA FJC

United Synagogue, Visitation Committee
305 Ballards Lane, London, N12 8GB

T: 020 8343 6238
E: admin@jvisit.org.uk

CONFIDENTIAL

VOLUNTEER APPLICATION FORM

1. PERSONAL DETAILS:

Surname: (BLOCK LETTERS PLEASE)		Title:	
Forenames:			
Address:			
		Post code:	
Home Tel No:		Mobile No:	
Work telephone No:		May we contact you at work?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Email Address:			
Date of Birth:	/ /		

2. VOLUNTARY WORK and EMPLOYMENT:

Please tell us about any previous voluntary or relevant paid work.

3. How often would you be able to visit patients on a regular basis?

- Weekly
- Twice a month
- Monthly

4. Which of the following type of hospital would you be prepared to visit?

General

Geriatric

Psychiatric

5. How would you travel to the hospital?

Own car

Public Transport

6. PLEASE PROVIDE ANY FURTHER INFORMATION YOU CONSIDER RELEVANT.

7 REHABILITATION OF OFFENDERS ACT 1974:

Please give details of any convictions you have (excluding spent convictions under the Rehabilitation of Offenders Act 1974):	
Do you have any criminal charges or summonses pending against you?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Please give details:	

6. GENERAL:

Do you possess a current clean driving licence?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you own a car?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

7. REFEREES:

Please give the names and addresses of persons who would be willing to supply Character and Employment References (not family).

(BLOCK LETTERS PLEASE)

Name:		Name:	
Position:		Position:	
Address:	Address:

Tel. No.		Tel. No.	
Email:		Email:	

8. STATEMENT OF APPLICANT

I certify that the answers given on this Application Form are true and complete, to the best of my knowledge.	
Signature:	Date:

When completed, please return this form to:

Michelle Minsky
 Jewish Visiting
 C/o United Synagogue
 305 Ballards Lane
 London N12 8GB

E-mail admin@jvisit.org.uk

Rehabilitation Of Offenders

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation Act, 1974, by virtue of the Rehabilitation of Offenders Act, 1974, (Exceptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. Any information given will be treated confidentially and will be considered only in relation to an application for positions to which the Order applies. Disclosure of an offence will not necessarily be a bar to your ability to volunteer.

Name: (BLOCK LETTERS PLEASE)	
Application to become a Volunteer	

Have you at any time been convicted of any criminal offence?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If YES please give details, including nature and date(s) of offence(s) below:	

Have you ever had a child removed from your care or placed under supervision by a Local Authority or been disqualified from Registration under Schedule 9 of the Children's Act?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If YES please give details, including nature and date(s) of offence(s) below:	

Declaration
I certify that the information given on this form is true and complete, to the best of my knowledge.
Signature.....Date.....