



Thank you for your interest in volunteering at St Andrew's Hospital.

Please complete the following registration form and return it to the Volunteer Coordinator.

Personal details

Name _____

Address _____

_____ Postcode _____

Phone Number _____ Mobile _____

Email _____ Date of Birth _____

Emergency contact details

Name & relationship _____

Emergency phone _____

The below questions are not compulsory, however, will assist us with information gathering in matching you to an appropriate volunteer position.

Your age: 18 - 25 years 26 - 35 years 36 - 50 years
 51+ years

Do you hold a current Drivers License? **YES / NO**

Current / previous volunteer work

Organisation _____

Position held _____

Duties involved _____

Held from _____ to _____

- Angiography Suite
- Breast Clinic
- Cancer Services
- Coronary Care Unit
- Day Surgery
- Emergency Department
- High Dependency Unit
- Intensive Care Unit

Why are you interested in volunteering at St Andrew's Hospital?

(Please provide a brief explanation)

- Cardiology
- Colo-rectal Surgery
- Gastroenterology
- General Surgery
- Gynaecology
- Medical
- Oncology
- Ophthalmology
- Orthopaedics
- Otorhinolaryngology
- Paediatrics
- Plastic Surgery
- Radiology
- Urology
- Vascular Surgery

What days are most suitable to you?

Monday Tuesday Wednesday Thursday
Friday Saturday Sunday

What times are most suitable to you?

9.00am – 12.00pm 12.00pm – 3.00pm 3.00pm – 6.00pm

Note, All Volunteer's are required to provide and / or undertake a Police Clearance