



## Volunteer application form

Thank you for your enquiry about volunteering at the Royal Hospital for Neuro-disability. The enclosed information gives further details about the RHN and the type of placements that are available to volunteers. We would ask new volunteers to register their contact details, availability and areas of interest with us by filling in this form. This will help us match volunteers more quickly.

**Please return this form to:**

**The Volunteer Co-ordinator  
Recreation & Leisure Services Department  
Royal Hospital for Neuro-disability  
West Hill  
Putney  
London SW15 3SW**

We will contact you to discuss possible placements with you and explain what the next step will be.

*Please note, it is currently taking 8 - 12 weeks to start new volunteers.*

### Students:

*To help your application, please be as precise as possible about your free time. Please answer all parts of the relevant section.*

Surname		
Forenames		
Title (e.g. Mr/Mrs./Miss/Ms/Dr)		
Date of birth		
Nationality ( <i>optional</i> )		
Address		
	Postcode	Postcode
Telephone		
Mobile		
Email		
<b>Students and under-18s:</b> School / college / university and year		

<p><b>When is your free time for volunteering?</b> Please be specific about days/times and <b>how many months you are free for.</b> <b>Students and under-18s:</b> please include details of revision or study needs and any holiday plans.</p>

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**Which placements are you interested in helping with?**

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**Please tell us a little about why you are interested in volunteering with us**

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**Is there any experience you want to gain from volunteering? (e.g. applying for medicine, psychology student etc.)**

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**Any other information you would like to include (e.g. previous experience)**

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**Please tell us how you heard about the RHN**

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