

# Volunteer Chaplain Application Form

To apply to join the chaplaincy at Mildmay as a volunteer, please complete this form and return it to us at the address at the end of this document. **START TYPING YOUR TITLE AND USE THE TAB KEY ON YOUR KEYBOARD TO AUTOMATICALLY MOVE TO THE NEXT TEXT BOX IN THE FORM**

<b>Title</b>	<b>Given name(s)</b>	<b>Surname/family name</b>	
<b>Address</b>		<b>Landline</b>	<b>Mobile number</b>
		<b>Email address</b>	
<b>Postcode</b>		<b>Date of birth (dd/mm/yyyy)</b> dd/mm/yyyy	
<b>Nationality</b>		<b>Are you currently employed elsewhere?</b> Yes/No If so, what is your current occupation?	
<b>Next of kin (name, address &amp; phone numbers)</b>			
<b>To which Faith Group do you belong?</b>			
<b>Do you, or did you hold any position or carry any responsibility in your Church? E.G. Ordained or involved in pastoral work?</b>			
<b>If ordained, where, and by whom?</b>			
<b>Why are you interested in doing chaplaincy volunteering or taking up a placement at Mildmay?</b>			

**Do you have any specific skills, special interests or hobbies which could be utilised in a voluntary capacity at Mildmay?**

**Do you speak any languages other than English?**

**What is your level of proficiency?**

**Do you drive now? Yes/No**

**Do you own your own vehicle? Yes/No**

**Please indicate your availability (preferred day, weekly or monthly, morning / afternoon / evening. We suggest a minimum of 3 hours a week)**

**Do you have pastoral experience in any context? Yes/No**

**Please offer further information or suggestions which may indicate your commitment to caring for others and which may be helpful for us to know (please use additional space on reverse if required).**

**PLEASE PROVIDE THE NAMES, ADDRESSES AND PHONE NUMBERS OF TWO REFEREES :**

**Tel:**

**Tel:**

**Additional space for anything further you would like to tell us:**

**When completed, save the form and return it by post or email to:**

Sister Bernie Devine SP, Lead Chaplain  
Mildmay Mission Hospital  
19 Tabernacle Gardens  
London  
E2 7DZ

**Email:** [chaplains@mildmay.org](mailto:chaplains@mildmay.org)

**Tel:** 020 7613 6300/6170

### **Privacy notice**

Mildmay Mission Hospital is committed to protecting your privacy, and promises to respect your personal information and do all we can to keep it safe. We aim to be clear about how we obtain your details and only process them in ways we believe you would reasonably expect. This includes not selling or sharing personal details with third parties for the purpose of their marketing. We also aim to communicate with you respectfully, effectively and efficiently.

Our full privacy statement is on our website at: [mildmay.nhs.uk/privacy-policy](https://mildmay.nhs.uk/privacy-policy)