

St John's Hospice

Volunteer Application Form

Mr / Mrs / Miss / Ms / Other Last Name:

First Name(s):

Address:

.....

Post Code: Telephone No:(Home)

Telephone No.....(Mobile) Telephone No:(Work)

Date of Birth: May we call you at work? Yes / No

Emergency contact details Where did you find out about our voluntary

..... opportunities?

How much time are you able to give:

Please state day(s) of week, times during day, evening or weekends that you might be regularly available:

.....

Occupation / Previous Occupation:

School / College / University Attending:

Why would you like to volunteer?.....

.....

Skills, Hobbies, Interests:

As a volunteer would you be prepared to use your car for the Trust? Yes / No

Have you ever done any voluntary work?:

Please give brief details

Do you take any medications or suffer from any condition that we may need to be aware of, or that may affect your voluntary role?

References

Please give the name and address of two people who will act as referees for you; one of these referees should be your present, or if unemployed, your most recent employer. Please do not put down family members as referees.

Name:..... Name:

Address:Address:

Tel No: Tel No:

Rehabilitation of Offenders Act 1974

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 of Offenders Act 1974 (Exemptions) Order 1975.

Applicants are, therefore, NOT ENTITLED to withhold information about convictions which for other purposes are "spent" under the provisions of the Act, and, in the event of being recruited as a volunteer, any failure to disclose such convictions could result in dismissal or disciplinary action by the Authority. Any information given will be completely confidential and will only be considered in relation to an application for positions to which the Order applies. (A previous conviction does not necessarily prevent you from volunteering).

Have you had a conviction? Yes () No ()

If yes, when did this take place?.....

What was the charge?

I also understand that anything I hear or learn, concerning individual patients or my work in the course of my duty as a Volunteer, must be treated in the strictest confidence.

I declare to the best of my knowledge and beliefs that the information given on this form is true and complete.

Signed:Date:

Please return to: Voluntary Services Manager, St John's Hospice, Weston Road, Balby, DN4 8JS

Produced by Design and Print Services Telephone: (01302) 796465