

Volunteer Application Form
(Please print details and use black ink)



Personal Details:

Name: _____

Address: _____

Post Code: _____

Telephone: Home: _____

Mobile: _____

Work : _____ Ext: _____

Email Address: _____

Why are you interested in volunteering at Woodlands Hospice? _____

Which Area of Work are you interested in: (please circle all that apply)

- | | | | |
|-----------------------|-------------|------------------------|-------------|
| Admin Support | Driving | Hairdressing | Reception |
| Catering Assistant | Fundraising | Handyman | Shop |
| Café (Teas & Lunches) | Gardening | Lottery Ticket Sellers | Ward Helper |

Which days and time of the week would be most convenient for you? (Please tick)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning 9 – 1							
Afternoon 1 – 5							
Evening 5 – 8							

How many hours per week would you normally be able to offer? _____

About You

Can you give us some information about employment, voluntary experiences, qualifications or training that you consider relevant to volunteering at Woodlands Hospice:

Do you have any particular skills you can bring to Woodlands Hospice?

What are your main hobbies and interests?

Do you have any special requirements/health issues that may need specific provision or may restrict the type of volunteering you do?

Do you have a current driving license and the use of a car?

Are you able to help at external fundraising events such as bag packing, bucket collections, summers fairs and ball etc?

References

Please give the name, addresses, telephone numbers and email addresses of two referees. Please note that they cannot be related to you and should have known you for at least **two years**.

1. Name: _____

Address: _____

Home: _____

Work: _____ Ext: _____

Mobile: _____

Email address: _____

2. Name: _____

Address: _____

Home: _____

Work: _____ Ext: _____

Mobile: _____

Email address: _____

REHABILITATION OF OFFENDERS ACT 1974

Have you any criminal convictions? (Please circle one)

YES

NO

If yes please give details: _____

Volunteers are not entitled to withhold information about criminal convictions however long ago these occurred. Any information will be completely confidential and will be considered only in relation to positions covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Failure to disclose such convictions could result in dismissal or disciplinary action.

Some volunteer opportunities may be subject to an Enhanced Criminal Records Bureau disclosure.

I CONFIRM THAT I HAVE READ AND UNDERSTOOD THE ABOVE

Signature: _____

Date: _____

DATA PROTECTION

If your application is unsuccessful or you choose not to accept any offer of volunteering we make, the information will not be held for longer than is necessary, after which time it will be destroyed, although relevant information will be retained in the longer term to facilitate equal opportunity monitoring. If your application is successful, the information will form part of your volunteer file and we will be entitled to process it for all purposes in connection with your volunteering.

DECLARATION

To the best of my knowledge, the information I have given in support of my application is correct.

Signature: _____ Date: _____

Name (BLOCK CAPITALS): _____

Woodlands Hospice Charitable Trust aims to be an equal opportunities employer.