## WOODLANDS HOSPICE CHARITABLE TRUST Charity No: 1048934

## Charity Shop Volunteer Application Form

Personal Details Name:					_ v	Voodlands	3
Address:					_	Hospice	
_							
Post Code:							
			Mobil	e:			
			Work	:	E	xt:	=
Email Address:							
Why are you int	erested in vo	olunteering a	at the Woodla	nds Hospice	Charity Sho	p?	
Which days and tir	me of the week	would be mos	st convenient for	you? (Please t	tick)		
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Morning 9 – 1							
Afternoon 1 – 5							

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 Charity Shop:							
Do you have any particular skills you can bring to our Charity Shop?							
What are your main hobbles and interests?							
Do you have any special requirements/health issues that may need specific provision or may restrict the type of volunteering you do?							
Are you able to help at external fundraising events such as bag packing, bucket collections, summers fairs and ball etc?							

## **Character 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:		Name:				
	Address:						
		_					
	Home:		Home:				
	Work: Ext:		Work:	Ext:			
Mobile:		_	Mobile:				
	Email address:	Email address:					
inform inform	r application is unsuccessful or you choose no nation will not be held for longer than is necess nation will be retained in the longer term to fac	sary, after whi ilitate equal op	y offer of volunteer ch time it will be de oportunity monitorir	estroyed, although relevanting. If your application is			
	ssful, the information will form part of your vol ses in connection with your volunteering.			nto process it for all			
To the	<b>DEC</b> best of my knowledge, the information I have	CLARATION e given in supp	oort of my application	on is correct.			
Signa	ture: Dat	e:					
Name	(BLOCK CAPTIALS):						
Wood	lands Hospice Charitable Trust aims to be an	equal opportu	unities employer.				