



PRIVATE AND CONFIDENTIAL

Please complete in **BLOCK CAPITALS**

St. Anne's Hospice – Volunteer Application Form

PERSONAL DETAILS:

Full Name : (Mr/Ms/Mrs Miss)	
Address:	Telephone No. (including std. code)
	Home:
	Mobile:
Post Code:	Business:
E-mail address:	(Tick box if you do not wish to be contacted at work <input type="checkbox"/>)
National Ins. No.: (If applicable)	Volunteers are required to provide documentary evidence of their right to work in the United Kingdom.
Position Applied for:	Do you have the right to work in the UK Yes/No
	Location:

Are you in good health? If NO, please give further information:	Yes/No
Have you ever suffered from and serious illness or had any major operation? If YES, please give further information:	Yes/No

Have you ever been convicted of a criminal offence (which is not a spent conviction under Rehabilitation of Offenders Legislation) Details:	Yes/No
Note: CRB checks are generally not required for Volunteers who are not normally in contact with vulnerable groups whilst helping the Hospice e.g. working in the shop premises. CRB checks will be required for roles which do have such contact e.g. assisting in wards	

SUPPLEMENTARY INFORMATION & EXPERIENCE:

Have you done any voluntary work in the past?	
Have you worked for the Hospice in the past?	Yes/No
What experience/training/qualifications, interests or hobbies do you have that may be useful?	

SUPPLEMENTARY INFORMATION & EXPERIENCE:

Have you any retail work experience:			
When would you be available to the Hospice:			
Any specific time when would you not be able to work for the Hospice:			
Do you drive:	Yes/No	Do you own your own vehicle:	Yes/No

REFERENCES:

Volunteers who help St Anne's Hospice are in a position of trust, therefore, it is important for us to safeguard that trust by obtaining character references as to a candidates honesty, reliability and suitability. Please give the names of TWO referees, who are not relatives, who we can approach to obtain such a reference.			
Name:	Address:	Name:	Address:
Post Code:	Tel. No.:	Post Code:	Tel. No.:
How do you know this person:		How do you know this person:	

DECLARATION:

Declaration of Volunteer Applicant:	
I confirm that the information contained in the application is correct. I understand that any false information or deliberate omission may render my application void.	
I consent to the organisation using and keeping information I have provided on this application or elsewhere as part of the recruitment process and/or personal information supplied by third parties such as referees, relating to my application or employment. I understand that the information provided will be used to make a decision regarding my suitability for volunteer roles. Information will be held and form part of my personnel record for the duration of my relationship with the Hospice. If unsuccessful, the form will be retained for as long as is deemed necessary and may be used to contact me in the event of there being any future roles which may be more suitable.	
SIGNED:	DATED:

FOR OFFICE USE ONLY:

Interviewed by:	Date:
Comments/issues:	
Decision: (Tick as applicable)	Reject <input type="checkbox"/> Further Interview <input type="checkbox"/> Accept <input type="checkbox"/>
Signed:	