

# Volunteer Application

St Cuthbert's Hospice  
Park House Road  
Merryoaks  
Durham  
DH1 3QF

Tel: (0191) 386 1170  
General Fax: (0191) 383 1698



**Important:** Please use black ink and complete the form in full. Please include a passport size photograph with this form.

## Personal Information

Title: Mr / Mrs / Miss / Ms / Dr

Full Name:

Address:

Home Tel No:

Mobile Tel No:

Email Address:

## Emergency Contact Details:

Name

Relationship:

Home Tel No:

Mobile Tel No:

## Special Skills & Qualifications

Please summarise special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities including hobbies or sports which you would like to utilise whilst volunteering with us.

Are there any particular skills you would like to develop by volunteering with the Hospice?

## Current / Previous Employment / Experience

(please give a brief outline)

## Where You Heard About Us

Please indicate where you heard about the Hospice or a Particular volunteer vacancy

Word of Mouth

Charity Shop

Website

Other (Please specify) \_\_\_\_\_

Local Volunteer Centre

College/University

Local newspaper

Please state why you would like to be a volunteer with St Cuthbert's Hospice

**Interests**

Please indicate your area of interest:

- |  |  |
|--|--|
| <input type="checkbox"/> Receptionist                          | <input type="checkbox"/> In-patient Unit           |
| <input type="checkbox"/> Office Assistant                      | <input type="checkbox"/> Day Hospice               |
| <input type="checkbox"/> Development / Fundraising             | <input type="checkbox"/> Family Support Services   |
| <input type="checkbox"/> Public Relations/Presentations        | <input type="checkbox"/> Complimentary Therapies   |
| <input type="checkbox"/> Retail assistants for charity shops   | <input type="checkbox"/> (Must have own insurance) |
| <input type="checkbox"/> Retail Driver -collections/deliveries | <input type="checkbox"/> Patient Escort Driver     |
| <input type="checkbox"/> Coffee shop                           | <input type="checkbox"/> Kitchen Assistant         |
| <input type="checkbox"/> Maintenance / DIY                     | <input type="checkbox"/> Housekeeping              |
| <input type="checkbox"/> Gardening                             | <input type="checkbox"/> Laundry                   |
| <input type="checkbox"/> Beauty Therapy                        | <input type="checkbox"/> Hairdresser               |
| <input type="checkbox"/> One off events                        |  |

(e.g. St Cuthbert's Celebrations, Christmas Fayre, midnight walk)

**Other:**

**Availability**

Please state your availability:

Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_ Frequency (weekly, etc) \_\_\_\_\_

If your availability is time limited please state (i.e. Term Time, VISA Etc)

from \_\_\_\_\_ to \_\_\_\_\_

**Prospective Car Driver Applicants**

Please indicate whether you have a two or four door car  2 door  4 door

**NB** Please bring your drivers license (both card and paper sections) MOT certificate and insurance documents to your interview

**Referees**

Please provide details of two people who have known you for at least 2 years (and who are willing to act as referees. **(Not your GP or relative)**)

Name:  
Address:

Name:  
Address:

Post Code:  
Tel No:

Post Code:  
Tel No:

Email:  
How do you know this person?

Email:  
How do you know this person?

**Private & Confidential**

Details entered on this section of the form will remain private and confidential and will be held in the HR department of St Cuthbert's Hospice.

**Name:**

**Date of Birth:** \_\_ / \_\_ / \_\_\_\_

**Health Questionnaire**

Please complete the following health questionnaire. In some cases your answers may prompt us to request guidance from your GP or refer you to an occupational health specialist. This would only be done if we had concerns regarding your health and safety whilst carrying out the duties associated with your chosen voluntary position and would only be done with your express permission. Please complete this form as fully as possible to enable us to make sure your health and safety are protected during the time that you carry out your voluntary duties.

Applications from disabled people are welcome and applicants with a disability or health problem will be given full consideration.

Are you generally in good health?

Yes  No

If no please give details:

Do you suffer from any disability or health problem?

Yes  No

If yes please give details:

Do you require any reasonable adjustments to be made?

Yes  No

If yes please give details:

Have you ever suffered from any back or musculoskeletal problems?

Yes  No

**Bereavement**

Please let us know if you have experienced a bereavement within the last 12 months. This may be taken into account if applying for a patient contact role.

Yes  No

**Criminal Records Bureau**

Some volunteering positions at the Hospice require a CRB check. The Hospice complies with the CRB code of Practice, and the employment of Ex-offenders policy copies of which are available on request.

***Rehabilitation of Offenders Act 1974***

Because of the nature of the work for which you are applying this post is exempt from the provision of the Section 4(a) of the Rehabilitation of Offenders Act (exemptions) Order 1975. Applicants are, therefore, not entitled to withhold information about convictions that for other purposes are spent under the provisions of the Act. Any information given will be kept completely confidential and will be considered only in relation to an application for positions to which the Order applies.

Having a conviction will not necessarily stop you from volunteering, but will need to be taken into consideration when assessing your suitability.

**Have you any unspent criminal convictions, bind over's, cautions, warnings or reprimands?**

Yes  No

(If yes, please give brief details)

***Declaration (Please read and sign the following)***

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

I understand that if I am accepted as a volunteer any deliberate false statements, omissions or other misrepresentations made by me on this application may be sufficient cause for rejection or dismissal.

I am willing to attend an Induction Day and any training sessions deemed necessary for my volunteering role.

Name( Print): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_\_

**Thank you for you co-operation and time in completing this form. Please return to:  
Karen Grigg, Human Resources Manager at St Cuthbert's Hospice. Please remember to enclose  
your Passport Photograph with your application.**

**Please note:** Your details will be kept in accordance with the Data Protection Act 1998/2003. They will be held securely and confidentially. They will only be accessed by authorised personnel .