

Volunteer Application

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



Important: Please use black ink and complete the form in full.

Personal Information

Title: Mr / Mrs / Miss / Ms / Dr

Full Name: _____ Address: _____

_____ Postcode: _____

Mobile Tel No: _____ Home Tel No: _____

Email Address: _____

Emergency Contact Details:

Name

Relationship:

Home Tel No:

Mobile Tel No:

Special Skills & Qualifications

Acquired from employment, previous volunteer work, or through other activities including hobbies 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 state where you heard about the hospice or a particular volunteer vacancy:

Interests

Please indicate your area(s) of interest:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> Gardening | <input type="checkbox"/> In-Patient Unit | <input type="checkbox"/> Retail assistants |
| <input type="checkbox"/> Day Service | <input type="checkbox"/> Housekeeping/Laundry | <input type="checkbox"/> Patient Escort | <input type="checkbox"/> Maintenance/DIY |
| <input type="checkbox"/> Kitchen Assistant | <input type="checkbox"/> Reception | <input type="checkbox"/> Hairdresser | <input type="checkbox"/> One off Events |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Complimentary Therapies | <input type="checkbox"/> Retail Driver | <input type="checkbox"/> Development/
Fundraising |
| <input type="checkbox"/> Beauty Therapy | <input type="checkbox"/> One off events | | |
| <input type="checkbox"/> Other: | | | |

Prospective Car Driver Applicants

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

NB We will need to see your drivers license (both card and paper sections) MOT certificate and insurance documents.

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 _____

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)**

<p>Name: Address:</p> <p>Post Code: Tel No: Email: Relationship to you?</p>	<p>Name: Address:</p> <p>Post Code: Tel No: Email: Relationship to you?</p>
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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.

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)

Private & Confidential

Details entered on this section of the form will remain private and confidential within the HR department.

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.

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: _____ DOB: __ / __ / ____

Signed: _____ Date: __ / __ / ____

Please return the completed form to **Karen Grigg, St Cuthbert's Hospice, Merryoaks, Durham, DH1 3QF**. For further information, please contact the hospice on **0191 386 1170** or go to **www.stcuthbertshospice.com**