



Make a difference at Weston Hospicecare

VOLUNTEER APPLICATION FORM – CONFIDENTIAL

MISS/MRS/MS/MR/OTHER: FULL NAME: ADDRESS:	<u>CONTACT NUMBERS</u> HOME TEL: MOBILE: WORK TEL: EMAIL:
POST CODE:	DATE OF BIRTH:
I would be interested in the following volunteer role: (Please see enclosed list of current volunteering opportunities) If volunteering for a Hospice Shop please indicate which shop:	
How did you hear about Hospice Volunteers?	
Reasons for offering help:	
Occupation Past/Present – list skills/experience:	
Membership of other organisations/ Hobbies:	
Have you received any significant medical treatment within the last 5 years? Please give brief details:	
Have you suffered a close bereavement? Please give brief details:	

Please give details of a friend or relative who can be contacted in an emergency:

Name:

Address:

Relationship:

Contact Number: Home:

Business or Mobile:

AVAILABILITY	DAY	MORNING	AFTERNOON
Please tick for <u>best</u> or preferred days/times. Cross when not available. Leave everything else blank	MONDAY		
	TUESDAY		
	WEDNESDAY		
	THURSDAY		
	FRIDAY		
	SATURDAY		
	SUNDAY		

Would you be willing to be contacted at short notice? What times are difficult for you?
(e.g. Bank Holidays, School Holidays, etc.)

Can we contact you about helping on the various Hospice events such as Tree of Light, Mendip Walk and other types of events? Yes _____ No _____

REFERENCES: Please give details of two people who have known you for a minimum of 2 years. Please do not use a family member and if applying to become a Bereavement Volunteer, the references need to reflect suitability to that role. For clarity, please print details. Your signature will be taken as agreement for us to contact the following:

TITLE:

FULL NAME:

ADDRESS:

POSTCODE:

TEL NUMBER:

TITLE:

FULL NAME:

ADDRESS:

POSTCODE:

TEL NUMBER:

**TRANSPORT - PLEASE ONLY COMPLETE IF YOU ARE INTERESTED IN DRIVING FOR THE HOSPICE
(Please note you will need to use your own car for this purpose)**

Are you willing to drive patients? YES/NO

Any endorsements on your licence? YES/NO (If YES please provide details below)
Details if YES:

Type of Car: Saloon/Estate/Hatchback

Number of Doors:

Insurance: Comprehensive/Other

Do you have any criminal convictions or do you have any pending criminal charges? YES/NO

If yes, please state details on a separate sheet and enclose with Application Form

In the event of a successful application, a Disclosure from the Criminal Records Bureau (CRB) will be requested for volunteers working within certain volunteer roles at Jackson-Barstow House. A criminal record will not necessarily be a bar to becoming a volunteer.

DECLARATION:

I confirm that the information given on this form is, to the best of my knowledge, true and complete. I consent to the use of all this information for considering my application and understand that it will be treated confidentially at all times. If I am successful it will form part of my volunteer personnel records; if I am unsuccessful the information will be destroyed.

SIGNED:

DATE:

Where do I send my volunteer application form?

Retail Volunteer:

If you are applying for a retail volunteer role, please return your fully completed application form to your local Shop Manager.

For any other volunteer role, please return to:

The Volunteer Team, Weston Hospicecare, Jackson-Barstow House, 28 Thornbury Road, Uphill, Weston-super-Mare BS23 4YQ