



# VOLUNTEER APPLICATION FORM

PLEASE PRINT IN **BLACK**

PERSONAL INFORMATION		
Title (Mr/Mrs/Miss/Ms/Other):		
Forename(s):		
Surname:		
Address:		
Postcode:		
E-mail Address:		
Home Telephone No:		
Mobile Telephone No:		
Emergency Contact:		
Relationship to you:		
Emergency Contact Telephone No:		
Have you experienced a recent loss e.g. bereavement, redundancy? (This does not stop you volunteering but will be discussed at your interview)		
WHERE DID YOU HEAR ABOUT HOSPICE IN THE WEALD?		Please tick
From an existing volunteer/from a friend		
Fundraising talk		
Hospice Newsletter		
Personal involvement		
Other (please specify)		

## **HISTORY, SKILLS AND HOBBIES**

**Please give brief details of:  
Employment and volunteer history:**

**IT/Computer skills:**

**Interests, skills and hobbies:**

## **VOLUNTEERING**

**Please give a brief outline of your reasons for wishing to become a volunteer for the Hospice**

**How much time can you offer the Hospice?**

**Please give details of your weekly availability (including weekends):**

**VOLUNTEER AREAS**

Please indicate the areas of volunteering that are of interest to you.

**Please tick**

You may tick several choices

Volunteering within the Hospice where patient contact <b>will</b> be involved	
Volunteering within the Hospice where patient contact <b>will not</b> be involved	
Complementary Therapist, Hairdresser NB: These roles require you to be qualified and practising and you will need to provide proof of relevant current insurance cover	
Supporting events and fundraising Promoting the Hospice in the local community	

**Volunteering in one of our Charity Shops**

Please indicate the location of the shop where you wish to volunteer

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**REFERENCES**

Please supply the names of two people (other than relatives) who you have known for at least 12 months to whom we may write for personal references after you have been interviewed

Name:	
Relationship:	
Address with postcode:	
Telephone Number:	
E-mail Address:	
Name:	
Relationship:	
Address with postcode:	
Telephone Number:	
E-mail Address:	

## **VOLUNTEER INDUCTION AND TRAINING**

All new volunteers attend a Hospice Induction Session.

Training will be given where necessary when you start your duties at the Hospice or Shop.

The dates and times will be discussed and agreed with you at your interview.

## **DECLARATION**

Hospice in the Weald is exempt from the Rehabilitation of Offenders Act.

You are therefore required to declare whether you have any criminal convictions.

Your declaration will be treated in the strictest confidence

**YES / NO**

A Criminal Records Bureau check may be required to be completed on your behalf before you are able to start your voluntary duties. There will be no charge for this.

You may be involved in producing projects and/or reports for the Hospice. By signing this application you agree to assign all rights to Hospice in the Weald.

Signed

Date

All information contained in this form and any attachments will be treated in the strictest confidence and will be retained under the Data Protection Act 1988.

## **FOR APPLICATIONS TO VOLUNTEER AT THE HOSPICE**

**PLEASE RETURN THIS FORM TO:** Personnel Department  
Hospice in the Weald  
Maidstone Road  
Pembury  
Kent TN2 4TA

**OR BY E-MAIL TO:** [Graham.Hayler@hospiceintheweald.org.uk](mailto:Graham.Hayler@hospiceintheweald.org.uk)

## **FOR APPLICATIONS TO VOLUNTEER AT ONE OF OUR CHARITY SHOPS**

**PLEASE RETURN THIS FORM TO THE MANAGER OF THE SHOP WHERE YOU WISH TO VOLUNTEER**

**OR BY EMAIL TO:** [Chris.Sharp@hospiceintheweald.org.uk](mailto:Chris.Sharp@hospiceintheweald.org.uk)