

APPLICATION FOR VOLUNTEERING

Please return to Christine Chapman OR Hazel Steel at
Phyllis Tuckwell Hospice
Waverley Lane Farnham
Surrey GU9 8BL



Please read these notes before completing this form

1. Please complete this form using **BLOCK CAPITAL** letters..
2. Please answer questions as fully as you can. Delete answers (yes / no) where applicable. If an answer is not applicable write *N/A*.
3. All applicants who meet the requirements advertised will be given fair and equal consideration, regardless of race, sex, colour, creed, nationality, ethnic origin, marital status, sexual orientation, religion, age or disability.
4. You may be required to provide evidence of qualifications should an offer of volunteering be made.
5. References will be sought. Please note that no reference will be sought without your consent.
6. Information provided by you will be treated in strict confidence.

ALL APPLICANTS MUST COMPLETE THIS FORM.

PERSONAL DETAILS

Surname	Forenames		
Title Mr Ms Mrs Miss	Home telephone number		
Home address	Mobile telephone number		
	E mail address		
	Date Of Birth	Are you in Good Health YES/NO (if no please give details in supporting information below)	

Next Of Kin	Next of Kin's address and contact details
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<p>Could you please indicate your reasons for applying to volunteer at the hospice? (Please tick as many as apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bereavement at hospice <input type="checkbox"/> Bereavement elsewhere <input type="checkbox"/> Interest through press <input type="checkbox"/> To further career opportunities <input type="checkbox"/> To give something back <input type="checkbox"/> Personal contact <input type="checkbox"/> Live locally <input type="checkbox"/> Through Word of Mouth <input type="checkbox"/> Wish to assist in Voluntary work <input type="checkbox"/> Other 	<p>Please tick any volunteering opportunity which may be of interest to you (Please tick as many as apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient Care <input type="checkbox"/> Driving <input type="checkbox"/> Therapies <input type="checkbox"/> Charity Shops <input type="checkbox"/> Reception Duties <input type="checkbox"/> Fundraising and/or events assistance <input type="checkbox"/> Administration <input type="checkbox"/> Gardening <input type="checkbox"/> Flowers <input type="checkbox"/> Recycling support <input type="checkbox"/> Other
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Are you currently employed?	Full/Part Time
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SKILLS, WORK BACKGROUND AND SPECIAL AND PROFESSIONAL QUALIFICATIONS

We would be interested to learn more about your skills, work background and life experience. Perhaps you could tell us more.....

Do you possess a valid full driving licence to drive a car in the United Kingdom?	Yes / No
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PROFESSIONAL MEMBERSHIP				
Name of Organisation	Grade/Category	Date Obtained	Cert/Pin No/ Registration No	Date Renewal Due
Have you previous or current experience of volunteering? (If so could you please give details)		Which days are you available? Monday/Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday Which times are you available? <input type="checkbox"/> AM <input type="checkbox"/> PM Comments?		
Special Interests/Leisure Activities		Have you previously worked/volunteered for the Phyllis Tuckwell Hospice? If so please state when and in what position.		
REFEREES: Please give the names and addresses of two referees known to you, other than relatives. These may be character references.				
1.		2.		
SUPPORTING INFORMATION				
Use this space to provide any information which may be of interest and help to place you most successfully as a volunteer				
<p>To the best of my knowledge all the information I have given is true. I give my consent for my personal information to be processed in relation to my application for volunteering in line with the requirements of the Data Protection Act. I understand the information given in this form will only be used by the Company in relation to my application for volunteering. By signing this declaration I am giving my express consent for you to retain and process this information under the Data Protection Act 1998.</p>				
Signature		Date		