



VOLUNTEER APPLICATION FORM

Confidential

Volunteer Position Applied for:	
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Mr/Mrs/Miss/Ms	Surname:	First Name:	Known As:
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Home Address:

Postcode: Email Address:

Telephone Number	Home:	Work:	Mobile:
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Please tick location of volunteer position:

<p>Inpatient Unit – Myland Hall <input checked="" type="checkbox"/></p> <p>Colchester Day Centre <input type="checkbox"/></p> <p>Tendring Day Centre <input type="checkbox"/></p> <p>Fundraising Office – Magdalen St <input type="checkbox"/></p> <p>Clacton shop <input type="checkbox"/></p> <p>Dovercourt Homeware shop <input type="checkbox"/></p>	<p>Dovercourt shop <input checked="" type="checkbox"/></p> <p>Frinton Bookshop <input type="checkbox"/></p> <p>Furniture shop <input type="checkbox"/></p> <p>Halstead Bookshop <input type="checkbox"/></p> <p>St Botolph's shop <input type="checkbox"/></p> <p>Warehouse <input type="checkbox"/></p> <p>Head St shop <input type="checkbox"/></p>
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References (Please state below two referees. Referees should be over 18, not a relative and have been known to you for at least two years)

Name: * <input type="checkbox"/>	Name: * <input type="checkbox"/>
Occupation:	Occupation:
Address:	Address:
Post Code:	Post Code:
Tel No:	Tel No:
Email:	Email:

**Please tick box if you do not wish us to contact referees at this stage.*

If you do not wish to receive information from time to time about St Helena Hospice please tick this box.

What is your occupation present / past?

What are your qualifications / skills / hobbies?

What skills or experience could you bring to St Helena Hospice? Please ✓

Banking / accounts
Catering
Clerical / Secretarial
Computers
Databases
Driving
Education
Fundraising
Legal Work
Manual Labour

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Marketing
Organising
Public Speaking
Research
Sales
Shop work
Telephone / Receptionist
Other (please state)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Unfortunately it is Hospice Policy that we can not accept volunteers who have suffered a loss within the past twelve months and wishing to work in a patient area. However other roles may be available. Please give details if you have been bereaved within the last year.

Please state why you are interested in becoming a volunteer for St Helena Hospice:

Please detail your availability i.e. days and hours per week available:

Do you have any convictions involving theft, deception, dishonesty or any other? (If accepted as a volunteer, you will be required to complete a **Criminal Records Bureau** form before commencing in a patient area)

A criminal record WILL NOT automatically bar you from becoming a volunteer. Any information given will be completely confidential.

All prospective volunteers are asked to complete this section in order that we can ensure that you are not asked to carry out a task which may be detrimental to your health. **If you need to answer yes to any of the following this will not preclude you from being offered a voluntary role.** We may however ask you to complete an Occupational Health screening form, and your placement would be subject to a fitness clearance.

- | | |
|--|----------|
| 1. Do you have any chest or breathing problems? | YES / NO |
| 2. Do you suffer from epilepsy, dizziness or blackouts? | YES / NO |
| 3. Do you suffer from heart problems or high blood pressure? | YES / NO |
| 4. Do you or have you in the past suffered from back problems? | YES / NO |
| 5. Do you have any vision problems which are not corrected by spectacles / contact lenses? | YES / NO |
| 6. Are you registered disabled? | YES / NO |
| 7. Are you in good health to volunteer | YES / NO |

Fundraising Volunteers ONLY (area of specific interest)

Hospice Ambassador Village Representative Home Working	✓ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Events Volunteer Fundraising Office Collections	✓ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Volunteer Drivers ONLY

Any volunteers who will be transporting equipment or people using a vehicle provided by the Hospice must have a valid driving licence and complete a hospice insurance form to be included in the Hospice insurance policy. Where the volunteer will be using his/her own vehicle, he/she must also provide a copy of the vehicle's insurance certificate and, if appropriate, the MOT certificate.

You will be required to notify your insurers that you will be using your vehicle and are eligible to receive mileage allowance for this voluntary role, (we can supply a form if required for this purpose).

Qualified Nurses ONLY complete this section

UK CC Pin Number :
Current Expiry Date :

Qualifications & Date	Subject	Awarding Body

Previous NURSE experience in relation to this role (please use additional sheets if necessary)

Bereavement Volunteers ONLY complete this section

What events or experiences have been important to you?

Why are you interested in helping the bereaved?

Details of relevant training or experience:

How do you see the role of a Bereavement Visitor?

Next of Kin details:

Name:..... Relationship to you:.....

Address:.....

..... Postcode:.....

Home telephone number:..... Mobile number:

Declaration

I hereby sign to the best of my knowledge that the above information is correct, and I understand that if I am accepted as a volunteer my details will be held on a secure database for Hospice use only.

Signature..... Date.....

Please complete and return marked PRIVATE & CONFIDENTIAL to:

**Voluntary Services Dept, St Helena Hospice, Myland Hall,
Barncroft Close, Highwoods, Colchester, Essex. CO4 9JU.**

**If you would like this form in larger print please contact the Volunteer
Office on 01206 845566.**