

Volunteer Application Form



Location applying for:

Registered Charity No. 1128881

We appreciate your taking the time to fill in this application. The information you provide will assist us in placing you in an appropriate volunteer opportunity that will match your areas of interests.

PLEASE USE BLOCK CAPITALS WHEN COMPLETING THIS FORM

Personal Information

Name		Email	
Address			
			Postcode
Home/Work Telephone		Mobile	
Date of Birth (optional) If under 16 please state DOBL:	Are you volunteering for your DofE Award?	YES	NO

Emergency Contact *(Please print)*

Name		Relationship	
Home Telephone	Mobile		

Consent from Parents/Guardian *(if under 16 years)*

I consent to.....undertaking volunteering work with the South Bucks Hospice.			
Signed.....	Name.....	Relationship.....	

Occupational Status:

(Please tick as appropriate)

Retired

Full-time

Unemployed

Part-time

Other *(please specify)*:

Please give brief details on the following *(Please print)*

Previous voluntary work			
Current voluntary work			
Previous employment			
Current employment			
DO YOU HAVE ANY HEALTH ISSUES?	YES	NO	If YES, please explain
DO YOU HAVE THE USE OF A CAR?	YES	NO	<i>You should tell your insurance company if and when you use your vehicle for Hospice business</i>
DO YOU HAVE ANY PREVIOUS OR UNSPENT CONVICTIONS?	YES		NO
If YES, PLEASE GIVE DETAILS			

When are you able to volunteer? Please be as specific as possible

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The South Bucks Community Hospice, Butterfly House, Kingswood Park, High Wycombe, Bucks, HP13 9GR. Tel: 01494 552761 Email: volunteers@sbhospice.org.uk

Please indicate your areas of interests (Please check 3 options in order of priority: 1, 2, 3)

Day Hospice		General			
Transport for Day-Patients		Reception		Fundraising	
Assisting with Day-Patients		Butterfly Bistro		Street Collection	
Complementary Therapy		Gardening		Awareness Events: Manning a Stand	
Simple Nursing		Handyperson		Running a supporter group	
Occupational Therapy		Retail		Selling raffles/ event//lottery tickets	
Beauty Therapy		Charity Shops		Ambassador	
Art Therapy		ReUSE Centres		Office Administration	
Physio Therapy				Computer (designing posters, etc)	

Have you suffered bereavement in the last two years (for volunteering at the Hospice)

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**Referees (two persons who are not members of your family and who have known you for at least 2 years)
(Email is the preferred method of communication)**

1 st Referee	Email:	
Address		Postcode
Home/Work Telephone	Mobile	

2 nd Referee	Email:	
Address		Postcode
Home/Work Telephone	Mobile	

I consent to my details being added to the South Bucks Hospice database and understand my details will not be divulged to a third party. I declare that the information provided is, to the best of my knowledge, accurate and truthful. I understand that all information regarding South Bucks Hospice, its business dealings and patient information is strictly confidential and I will not divulge such details. By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in involuntary termination.

Name (printed)	Signature	Date
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Our Policy

It is the policy of the South Bucks Hospice to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.

Mailing List

Your details will be held on our database and whilst they will not be passed on to any other party. In compliance with the Data Protection Act 1998, we may contact you ourselves. If you prefer not to receive future mailings from us:

YES, PLEASE INCLUDE IN MAILING LIST

NO, DO NOT SEND UPDATES

OFFICE USE ONLY		
Date References Applied.....	Date 1 st Ref Received.....	Date 2 nd Ref Received.....
Volunteer Start Date.....	Application Form Finish Date.....	Database Entered.....
Signature of Accepting Department (Manager).....	Name.....	Date.....