



## VOLUNTEER APPLICATION FORM

Private & Confidential

**Please Use Black Ink and complete ALL Sections.**

Thank you for taking the first steps in becoming a Volunteer. Once we have received your completed forms we will invite you to our next Information Morning to find out about relevant vacancies that you may be interested in and utilise your skills.

<b>PERSONAL DETAILS</b>	
Surname:	Forenames:
Mrs/Mr/Ms/Other	Date of Birth: (For Insurance purposes only)
Address:	Home Tel. No:
	Day Tel. No:
	Mobile:
Email:	Preferred time of Contact:

**Please tick a preferred location for your Voluntary position (please note your preferred choice cannot be guaranteed. Please score 1-3, 1 being your 1<sup>st</sup> choice etc.). This will be discussed further at interview.**

<b>St. Luke's Hospice Fobbing Farm, Nethermayne, Basildon, Essex, SS16 5NJ</b>	
Care Areas	
Catering Services	
Administrative Support	
Fundraising	
Driving	
Reception	
Gardening	
<b>St. Luke's House Information &amp; Resource Centre 22 Lampits Hill, Corringham, Essex, SS17 9AL</b>	
Reception – Counselling, Admin, Information Volunteer	



**References:** Please give the names and addresses of two referees. Referees should be over 18 years old, have known you for at least three years and not be a family member.

Referees will be contacted upon receipt of the completed volunteer application form.

Name:	Name:
Occupation:	Occupation:
Address:	Address:
Tel no:	Tel no:
Email:	Email:

What is your occupation at present / past?



What are your qualifications / skills / hobbies?

Please confirm why you are interested in becoming a volunteer? (If necessary please continue on a separate sheet)

**Registered Disabled**

Are you registered as disabled?

If yes, please provide your registration number

Please give a brief description of your disability:



Do you have any convictions involving theft, deception, dishonesty or other? (If accepted a volunteer, you will be required to have completed a Criminal Records Bureau (DBS) check before the commencement of your placement.

Please note that a criminal record will not necessarily preclude you from being accepted as a volunteer and all information given will remain strictly confidential.

**Permit to Work**

Do you **need** a permit to work in the UK?

Do you **have** a work permit?

If so when does your permit expire?

Have you suffered a bereavement or loss in the last 12 months?

Contact in case of emergency:

Name:

Address:

Telephone Number(s):

How Did you find out about volunteering for St Luke's Hospice?

- Word of Mouth**
- Friend/Relative**
- Fundraising Event**
- Web Site**
- Newspaper**
- Other**



All prospective volunteers must complete this section in order that we can ensure that you are not asked to carry out any task that may be detrimental to your health and that of your Hospice colleagues.

If you need to answer yes to any of the following this will not necessarily preclude you from being offered a voluntary role however it may mean that we would require you to complete an occupation health screening form and your placement would be subject to a fitness clearance. All information will be treated in confidence in accordance with the Data Protection Act 1988.

1. Do you have any chest or breathing problems?	Yes	No
2. Do you suffer from epilepsy, dizziness, fits 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. Mental health problems (including depression, nervous breakdown, anxiety, self-harm, anorexia, bulimia, stress or psychological problems).	Yes	No
7. Are you in general good health to volunteer?	Yes	No
8. Do you have any mobility restrictions?	Yes	No

I hereby understand and sign that to the best of my knowledge the above information is correct and I understand that if I am successful as a volunteer my details will be held on a secure database for Hospice use only, in accordance with the Data Protection Act 1998.

Name: (Please Print)

Signature:

Date:

**If you require this form in larger print please contact  
the Voluntary Service  
Co-ordinator on 01268 524973.**

PLEASE RETURN FORM TO:

Carol Holdsworth, Voluntary Service Co-ordinator, St Luke's Hospice, Fobbing Farm, Nethermayne,  
Basildon, Essex SS16 5NJ

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