



VOLUNTEER APPLICATION FORM

ST MICHAEL'S HOSPICE (NORTH HAMPSHIRE)

RETAIL LTD

Registered Charity No. 1002856

FULL NAME:

DATE OF BIRTH:

Mr/Mrs/Miss/Ms or other

ADDRESS:

TEL NO: HOME:

MOBILE NO:

WORK:

POSTCODE:

E. MAIL:

OCCUPATION

Present:

Past:

EMERGENCY CONTACT

NAME:

TEL No:

HOBBIES/INTERESTS: (e.g. collecting pottery, antiques, collectables, dolls, stamps etc.)

SPECIAL SKILLS/EXPERIENCE: (e.g. retail, customer service)

ARE YOU CURRENTLY INVOLVED IN OR HAVE YOU HAD ANY PREVIOUS EXPERIENCE OF VOLUNTARY WORK?

YES/NO

IF YES, PLEASE GIVE DETAILS:

DO YOU OWN AND DRIVE A CAR?

YES/NO

ARE YOU IN GOOD HEALTH?

DO YOU HAVE ANY DISABILITIES? (PLEASE GIVE DETAILS OF ANY PHYSICAL DISABILITY (EG BACK PROBLEMS) OR CURRENT ILLNESS WHICH MAY AFFECT WHAT YOU ARE ABLE TO DO IN THE HOSPICE SHOP)

ARE YOU TAKING REGULAR MEDICATION?

YES/NO

IF YES, PLEASE GIVE DETAILS:

HAVE YOU SUFFERED ANY BEREAVEMENT WITHIN THE LAST 2 YEARS?

YES/NO

IF YES, PLEASE GIVE DETAILS:

WHY DO YOU WANT TO BECOME A HOSPICE SHOP VOLUNTEER?

HOW DID YOU HEAR ABOUT OUR NEED FOR VOLUNTEERS IN THE HOSPICE SHOPS?

I would be interested in working in the following areas (Please Tick):-

Preferred shop -	Alton	()	Overton	()
	Brighton Hill	()	South Ham	()
	Chineham	()	Tadley	()
I would like to be considered for voluntary work with St Michael's Hospice itself				Yes/No

REFEREES: (Please give details of two referees whom we have permission to contact. These should not be relatives and preferably have known you for at least 2 years).

NAME:

ADDRESS:

POSTCODE:

NAME:

ADDRESS:

TEL NO:

TEL NO:

Because of the nature of our work, we are exempt from the 1974 Rehabilitation of Offenders Act, and you are therefore required to declare if you have any criminal convictions whether or not they are 'spent'. Your declaration will be treated in strict confidence and will be considered only in relation to this application.

Do you have any criminal convictions?

YES/NO

If yes, please state details on a separate sheet and enclose with the Application Form.

Signed:

Date:

Please complete and return to your local Hospice Shop or :-

Voluntary Services Manager, St. Michael's Hospice, Basil de Ferranti House, Aldermaston Road, Basingstoke, RG24 9NB.