



VOLUNTEER APPLICATION FORM

ST MICHAEL'S HOSPICE

(NORTH HAMPSHIRE)

Registered Charity No. 1002856

FULL NAME: **DATE OF BIRTH:**

Mr/Mrs/Miss/Ms or other

TEL NO:HOME:

ADDRESS:

MOBILE:

POSTCODE:

WORK:

E. MAIL:

OCCUPATION **Present:** **Past:**

EMERGENCY CONTACT **NAME:** **TEL NO:**

HOBBIES/INTERESTS:

SPECIAL SKILLS: (eg office skills, counselling, art & crafts, woodwork, photography, flower arranging, languages etc.)

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 (e.g. back problems) or current illness which may affect what you are able to do in the Hospice)

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 VOLUNTEER?

HOW DID YOU HEAR ABOUT OUR NEED FOR VOLUNTEERS?

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

- | | |
|------------------------|---|
| ➤ Patient Support () | ➤ Fundraising (eg helping at events /collections) () |
| ➤ Driving Patients () | ➤ Lottery/Ebay () |
| ➤ Befriending () | ➤ Gardening () |
| ➤ Reception Work () | ➤ Flower Arranging () |
| ➤ Admin Support () | ➤ Hospice Shop () |

Professional Qualifications—such as Hairdressing, Complementary Therapy, Counselling, IT, etc (Please State):

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).

PLEASE WRITE CLEARLY AND IN BLOCK CAPITALS

NAME:	NAME:
ADDRESS:	ADDRESS:
POSTCODE:	POSTCODE:
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.

In the event of your role at the Hospice requiring contact with patients, you will be required to agree to a criminal record check via the Criminal Record Bureau.

Signed:

Date:

Please complete and return to :-

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