

Volunteer Application Form

What role are you applying for?				Early Evening Main Reception volunteer					
Personal Details				·					
First Name:			Surn	ame:					
Date of birth			Add	ress:					
Gender									
Email Address: To save method of contacting you		ır preferred							
Contact Number(s):			Post	Code	:				
Emergency Cont	act Detail	S							
Name:		Relation	ship to <u>s</u>	you:		Contact N	umber:		
Availability – Plea	ase tick al	l that app	ly						
	Mon	Tues	Wed		Thurs	Fri	Sat	Sun	
Morning									
Afternoon									
Evening up to 8pm									
Do you want a regula	r commitme	ent or more f	lexibility	? Reg	jular Commitm	ent F	lexibility		
How long can you volu This information does		outcome of ye	our applie	cation	, however it help	s us identify f	uture recruitr	nent needs.	
References - Plea on your suitability to								omment	
	1 st Referee					2 nd Refe	eree		
Name:				Nam	ne:				
Tel:				Tel:					
Email:				Ema	il:				
Health/Disability	/								
Do you have any heal affect your ability to v	th issues, dis olunteer? YI	abilities or a S NO	dditiona	al sup	port needs we	should be	aware of tha	t would	
Answering yes means	s you will be	asked for fur	ther info	ormat	tion when we se	ee you for yo	our informal	chat.	
Criminal Record	Checks								
Due to the nature of and Barring Service c convictions/cautions prevent full considera	heck which during your	we will und informal ch	ertake c at. Prev	on you	ur behalf. You v	vill be asked	d about any		

By submitting this application you are agreeing to us using your personal information as described in our Privacy Policy

Right To Work In The UK (Only to be completed by non UK citizens)

If you are in the UK on a visa does it give you the right to work in the UK? **YES NO** What category of visa do you hold?

You are responsible for ensuring you are allowed to volunteer, failure to do so could jeopardise your immigration status. If in doubt <u>contact the UK Border Agency</u> for advice.

More About You – Please tell us why you want to volunteer and what relevant skills and experience you could bring to the role you are applying for.

Permission To Volunteer (Only to be completed for those aged under 18)

If you are aged under 18 please ask a parent or legal guardian to sign below, by doing so they are confirming they give permission for you to volunteer with us.

Full Name:	Signed:	Date:
Declaration		
If successful I agree to:		
• Abide by all policies and procedures of St Os	swald's Hospice	

- Adhere to St Oswald's Values & Standards of Behaviour
- Maintain confidentiality of all of the information I may have access to as a result of my volunteering

I declare, to the best of my knowledge, the information I have provided is true and accurate

Full Name:

Returning Your Application

Please return your completed application form by email or post to:



volunteer@stoswaldsuk.org

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Volunteering Dept, Regent Ave, Gosforth, Newcastle, NE3 1EE.

Date:

Thank you for taking the time to complete this form, we are always grateful to hear from potential volunteers.

We will contact you within 2 weeks of receipt of this form to arrange an informal chat.

We look forward to meeting you shortly.

November 2021