

# 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 <sup>st</sup> Referee					2 <sup>nd</sup> 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? <b>YI</b>	abilities or a <b>S NO</b>	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.	
<b>Criminal Record</b>	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