

Volunteer Application Form

| What role are you applying for? | | | [Insert volunteer role] | | | | | | |
|---|---------------------------------------|---------------------|-------------------------|--------------|----------------------|-------------------|------------------|----------------|--|
| Personal Details | | | | · | | | | | |
| First Name: | | | · - | Surname | : | | | | |
| Date of birth | | | | | | | | | |
| Gender | | | | Address | | | | | |
| | | | | | | | | | |
| Email Address: To save method of contacting you | ? costs this is ou J | ır preferre | d | | | | | | |
| Contact Number(s): | | | | | | | | | |
| | | | | Post Code: | | | | | |
| Emergency Cont | act Detail | S | | | | | | | |
| Name: | | | ationsh | nip to you: | | Contac | t Number: | | |
| | | | | np to your | you. Contact Number. | | | | |
| Availability – Plea | ase tick al | l that a | nnly | | | | | | |
| | Mon | Tues | | Ved | Thurs | Fri | Sat | Sun | |
| Morning | | | | ·cu | | | | | |
| Afternoon | | | | | | | | | |
| Evening up to 8pm | | | | | | | | | |
| Do you want a regula | r commitme | ent or mo | ore flex | (ibility? Re | gular Comm | itment | Flexibility | | |
| How long can you volution the second | | outcome | ofvour | applicatio | n. however it h | elps us ident | ify future recru | uitment needs. | |
| References - Plea on your suitability to | ase give the | details | of two | referees | who must n | ot be relati | ves, who ca | n comment | |
| | 1 st Referee | <u>)</u> | | | | 2 nd R | eferee | | |
| Name: | | | | Nar | ne: | | | | |
| Tel: | | | | Tel: | | | | | |
| Email: | | | | Em | ail: | | | | |
| Health/Disability | / | | | | | | | | |
| Do you have any heal affect your ability to v | th issues, dis olunteer? YI | sabilities ES NG | | ditional su | pport needs | we should | be aware of t | that would | |
| Answering yes mean | s you will be | asked fo | or furthe | er informa | ation when w | e see you fo | or your inform | nal chat. | |
| Criminal Record | Checks | | | | | | | | |
| Due to the nature of and Barring Service of convictions/cautions prevent full considera | check which during your | we will informa | undert al chat. | take on yc | our behalf. Yo | ou will be as | ked about ar | ny | |

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