

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