

What role are you applying for?		Hairdressing Volunteer												
Personal Details														
First Name:				Surname:										
Date of birth				Address:										
Gender														
Email Address: To save costs this is our preferred method of contacting you														
Contact Number(s):				Post Code:										
Emergency Contact Details														
Name:				Relationship to you:				Contact Number:						
Availability – Please tick all that apply														
	Mon		Tues		Wed		Thurs		Fri		Sat		Sun	
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening up to 8pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you want a regular commitment or more flexibility? Regular Commitment										Flexibility				
How long can you volunteer for? <i>E.g. one year, please put approximate date</i>														
This information doesn't affect the outcome of your application, however it helps us identify future recruitment needs.														
References - Please give the details of two referees who must not be relatives, who can comment on your suitability to volunteer: e.g. previous employer/doctor/teacher/professional person.														
1 st Referee							2 nd Referee							
Name:							Name:							
Tel:							Tel:							
Email:							Email:							
Health/Disability														
Do you have any health issues, disabilities or additional support needs we should be aware of that would affect your ability to volunteer? YES NO														
Answering yes means you will be asked <input type="checkbox"/> for <input type="checkbox"/> further information when we see you for your informal chat.														
Criminal Record Checks														
Due to the nature of our organisation almost all potential volunteers will be required to have a Disclosure and Barring Service check which we will undertake on your behalf. You will be asked about any convictions/cautions during your informal chat. Previous criminal convictions/cautions will not necessarily prevent full consideration of your application.														

Data Protection – sharing and protecting your information

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 [contact the UK Border Agency](#) 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 Oswald's Hospice
- Adhere to St Oswald's [Values and People Charter](#)
- 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:

Date:

Returning Your Application

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



volunteer@stoswaldsuk.org



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

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.