

prevent full consideration of your application.

# Volunteer Application Form

What role are you applying for?			Vo	Volunteer Administrator (Retail Collection Line)					
Personal Details				•					
First Name:			Surr	iame:					
Date of birth			Adc	ress:					
Gender									
Email Address: To save method of contacting you		r preferred							
Contact Number(s):			Post	Code	2:				
Emergency Cont	act Detail	S							
Name:	lame: Relati		onship to	nship to you:		Contact Number:			
Availability – Plea	ase tick al	l that ap	ply						
	Mon	Tues	Wed		Thurs	Fri	Sat	Sun	
Morning									
Afternoon	<u> </u>								
Evening up to 8pm Do you want a regula	<u> </u> ar commitme	ent or mor	e flexibility	/? Rec	 gular Commit	ment	Flexibility		
How long can you vol					<u>,                                     </u>				
This information does	sn't affect the o	outcome of	<sup>-</sup> your appli	cation	n, however it he	lps us iden	tify future recr	uitment needs.	
References - Plea on your suitability t									
	1 <sup>st</sup> Referee					2 <sup>nd</sup> F	eferee		
Name:				Nam	ne:				
Tel:				Tel:					
Email:				Ema	ail:				
Health/Disability	<b>y</b>								
Do you have any heal affect your ability to v	th issues, dis olunteer? <b>YI</b>	abilities o ES NO	r addition	al sup	oport needs v	ve should	be aware of	that would	
Answering yes mean			further inf	orma	tion when we	see you fo	or your inform	nal chat.	
<b>Criminal Record</b>	Checks								
Due to the nature of and Barring Service of convictions/cautions	check which	we will ur	ndertake o	on yo	ur behalf. You	ı will be as	sked about a	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

7	會
	$\nabla / V$
	( <u>_</u> / )

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