



Alice House Hospice Volunteer Application Form

Please complete both sides in full using capital letters

Personal Details

Surname:	First name(s):
Title(Mr/Mrs/Miss/Ms/Other):	Date of Birth:
Address:	
	Postcode:
Tel. No. (home):	Tel. No. (mobile):
E-Mail:	
Do you have use of a vehicle?:	Yes / No
Have you been bereaved in the past 12 Months?:	Yes / No
If yes give brief details:	
Do you have any Health Conditions?:	Yes / No
If yes give details:	

Volunteering

When would you be able to volunteer? (please tick appropriate boxes)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

What types of voluntary work are you interested in?

Please number up to 3 choices in order of preference e.g. 1 – first choice, 2 – second etc.

In The Hospice		In The Community	
Administration		Minibus Driver	
Chaplaincy		Warehouse Assistant	
Domestic Assistant		Events	
Gardener		Fundraising	
Handy Person		Lottery	
Kitchen Assistant		Sales	
Laundry Assistant		Shop Assistant	
Inpatient Unit		Van Assistant	
Outpatient Unit			

Life / Work / Education Experience

Do you have any relevant skills, interests or experiences that you could use in your voluntary role? e.g. hobbies, special interests, work experience.

References	
Please provide 2 referees over the age of 18 who have known you for at least 2 years who are not related to you, that we can contact.	
Referee 1:	Referee 2:
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Tel. No.	Tel. No.
Relationship to you:	Relationship to you:
Rehabilitation of Offenders Act 1974	
As Alice House Hospice meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974, all applicants who are being considered for a volunteer role will be subject to a Criminal Records Bureau Check. Criminal convictions do not necessarily stop you from volunteering and we can discuss this in more detail at your interview.	
Do you have any criminal convictions (spent/unspent) Yes / No	
If yes please give brief details:	
Data Protection Act 1998	
In accordance with the Data Protection Act 1998 I give my permission for my personal information to be stored and processed for the purposes of volunteering and for sensitive data to be stored and processed in compliance with the requirements of national standards. I am aware that the information I have given will be treated confidentially and consent to it being used and stored as stated.	
Signed:	Date:
For Volunteers Aged Under 18	
If you are under 18 please ask a parent or guardian to give their permission for you to volunteer:	
I have parental responsibility / guardianship for the applicant. I understand what volunteering entails and will fully support them in their role as a volunteer.	
Signed:	Date:
Declaration	
I would like to be considered for voluntary work within Alice House Hospice and should I be successful I agree to abide by the rules and policies concerning the roles of volunteers.	
I certify that to the best of my knowledge, the information on this form is correct.	
Signed:	Date:

Please return this form to:
Nicky Haggan, Senior Manager Corporate Services, Alice House Hospice, Alice House,
Wells Avenue, Hartlepool TS24 9DA