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| --- |
| **FOR SHOP USE ONLY**  |
| Date contacted candidate:  | Start Date: |
| Date references received:  | Induction checklist completed:  |
| Emailed volunteer record to retail office : Yes 🞏  |

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**Volunteer Application Form**

**Please complete all parts of this application form and give full answers. The more information you provide, the easier it will be for us to match you to a suitable role.**

1. **VACANCY DETAILS**

|  |  |
| --- | --- |
| Role applied for | Date |

1. **PERSONAL DETAILS**

|  |  |  |
| --- | --- | --- |
| Title  | Surname  | First Name(s)  |
| Address  | Home Tel  |
|  | Mobile Tel  |
|  | Email  |
| Post Code  | Date of Birth |

|  |  |  |
| --- | --- | --- |
| Which day/s & times would you like to volunteer with us? | Monday AM 🞏 PM 🞏Tuesday AM 🞏 PM 🞏Wednesday AM 🞏 PM 🞏Thursday AM 🞏 PM 🞏 | Friday AM 🞏 PM 🞏 Saturday AM 🞏 PM 🞏 Sunday AM 🞏 PM 🞏  |

1. **BACKGROUND**

|  |
| --- |
| What is your present occupation (i.e. employed, retired, carer etc)?  |
| Tell us about yourself? Interests, hobbies or skills which you might feel would be useful within the shop environment?  |
| Do you have any health problems or disabilities which might impact on your volunteering (e.g. heart, back, diabetes, epilepsy)? Anything that might make difficult for you to carry out parts of the work which is physically demanding? **YES / NO** |
| If **'Yes'** please specify:  |

1. **INFORMATION IN SUPPORT OF YOUR APPLICATION**

|  |
| --- |
| What attracts you to Dorothy House rather than other Charities and what do you hope to gain from working with us? |
| How did you find out about volunteer opportunities at Dorothy House?Is there anything you think you may need help with? |

**5. REFERENCES**

|  |
| --- |
| The nature of the work for the Hospice can bring volunteers into contact with vulnerable people. For this reason, we ask for the names of two people who have ideally known you for at least two years, who are not relatives and not residing at the same address. Your signature will be taken as agreement for us to contact the following. |
| Name  | Name  |
| Email  | Email  |
| Address  | Address  |
|  |  |
|  |  |
| Post Code  | Post Code  |
| Telephone No. | Telephone No.  |
| Relationship  | Relationship  |

|  |
| --- |
| **REHABILITATION OF OFFENDERS ACT 1974**If you have any ‘unspent’ criminal convictions you are required to declare these.Do you have any such convictions to disclose? YES / NOIf 'Yes' please attach details which will be treated in confidence. |
| **Signature** | **Date**  |

**Please give completed form to the shop where you would like to volunteer**