

SWAFFHAM & LITCHAM HOME HOSPICE SUPPORT

Volunteer Application Form

Confidentiality

All information will be treated confidentially.

Full Name: (Mr/Mrs/Ms/Miss)
(underline preference) delete as appropriate

Address:
.....

Postcode

Telephone No: Mobile No.

Date of Birth: Email:

In case of emergency, whom should we contact? Name:
Telephone No:

Are you registered disabled?

Are you in good physical and mental health?

If not, please give brief details:

Occupation: Car Driver? YES / NO

Hobbies / Skills / Interests:
.....

Do you have any present or previous experience of voluntary work?
.....
.....

Why are you interested in being a volunteer?
.....
.....
.....

Have you had a major personal loss within the last two years?
(Redundancy/Bereavement/Divorce/Major Illness)

.....
.....

Availability – Could you please indicate the times you may be available for voluntary work: -

Day(s) of week:

Daytime hours:

Evenings:

Due to the nature of our voluntary work with vulnerable adults and in some cases children, it is necessary to ask about criminal convictions.

Do you have any criminal convictions?

If you are accepted as a volunteer, we would apply for a disclosure of criminal records from the Disclosure & Barring Service (was CRB)

Please give the names and addresses of two people who know you well and to whom we can write for references:

NAME :

ADDRESS:

.....

NAME :

ADDRESS:

.....

Declaration

I declare that the information on this form is true and complete to the best of my knowledge and belief.

Signed: Date:

Please return this form to: Wendy Martin
Co-ordinator
Swaffham & Litcham Home Hospice Support
17 – 19 Brocks Road
EcoTech Park,
SWAFFHAM,
PE37 7XG