



St Joseph's Hospice
 Ince Road
 Thornton
 Liverpool
 L23 4UE
 Tel: 0151 932 6043
www.jospice.org.uk
 E-mail: Helen.Pattie@jospice.org.uk

VOLUNTEER APPLICATION FORM

The information you give on this application form will allow us to assess your suitability for voluntary work at St Joseph's Hospice and will enable us to match your skills, experience and availability to our current vacancies.

Please complete all sections using **BLOCK CAPITALS**. All details will be treated as strictly confidential and will be held by St Joseph's Hospice and not disclosed to any other party without your consent.

First Names		Surname	
Title		Date of Birth	
Address			
Postcode		Country	
Home Telephone		Mobile Telephone	
Email Address			NI Number:

EMERGENCY CONTACT DETAILS

Name:	Home telephone:
Relationship to you:	Mobile telephone:

YOU AND VOLUNTEERING

WHY DO YOU WANT TO VOLUNTEER FOR ST JOSEPH'S HOSPICE?

.....

HAVE YOU WORKED WITH OR BEEN CONNECTED WITH ANY VOLUNTARY ORGANISATIONS?

.....



3. HAVE YOU ANY HOBBIES, INTERESTS OR SPECIAL SKILLS?

.....

AREAS OF INTEREST

Please tick the area(s) you are interested in. We will always try to find a suitable vacancy that fits your availability and skills, however please be aware that a vacancy may not always be available in your area of interest.

Admin/clerical work	<input type="checkbox"/>	Bereavement support	<input type="checkbox"/>	Charity shops	<input type="checkbox"/>	Kitchen duties	<input type="checkbox"/>
Complementary therapist	<input type="checkbox"/>	Driving: A) for patients B) for fundraising	<input type="checkbox"/> A	Flower arranging	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>
			<input type="checkbox"/> B				
Gardening	<input type="checkbox"/>	Reception	<input type="checkbox"/>	Wards	<input type="checkbox"/>	Street collections/bag packs	<input type="checkbox"/>
Light domestic duties	<input type="checkbox"/>	Patient Befriender	<input type="checkbox"/>	Other (please specify)			<input type="checkbox"/>

AVAILABILITY

Please specify the approximate number of hours you are able to give on each day (this will help us identify a suitable vacancy).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please give any further information concerning your availability below, for example: "my time varies week to week".

Would you be willing to be placed on a Fundraising Department 'on call' list, to be contacted for volunteering opportunities (this may be at short notice)? The activities may include things such as bag packing at supermarkets, street bucket collections, major events such as the annual Summer Fairs or third party events such as golf days etc.

<input type="checkbox"/> YES <input type="checkbox"/> NO	Comments:
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QUALIFICATIONS, TRAINING AND EXPERIENCE

Please give details of any qualifications and/or training and experience which you feel is relevant to your application. Please note: Qualifications, training and previous experience are not always required for voluntary posts as training and support specific to the role is provided on appointment.

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OTHER

Transport	
Are you a car driver?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Would you be willing to use your car for volunteer purposes (travel expenses will be paid)?	<input type="checkbox"/> YES <input type="checkbox"/> NO

REFERENCES

Two written references are required to support all volunteer applications. The names given should be able to testify to your suitability for this voluntary work. They should be someone you have recently known for over two years, e.g. past/present employer, college tutor but must not be a relative. If you are applying to be a Counsellor or Complementary Therapist, one of your referees should know you through your profession (eg. Tutor/client/supervisor).

<p>Title:</p> <p>Name:</p> <p>Address:</p> <p>Postcode:</p> <p>E-mail address:</p> <p>Tel. Number:</p> <p>Relationship to you:</p>	<p>Title:</p> <p>Name:</p> <p>Address:</p> <p>Postcode:</p> <p>E-mail address:</p> <p>Tel. Number:</p> <p>Relationship to you:</p>
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