



VOLUNTEER APPLICATION FORM

Please return this form to: **Helen Smith**, Macmillan Youth and Community Co-ordinator,
 The Shakespeare Hospice, Church Lane, Shotton, Stratford Upon Avon, CV37 9UL.
 Email: hsmith@theshakespearehospice.org.uk T: 01789 266852

Name:			
Home address:			
Post Code:		Date of birth:	
Tel. No: (Home)		Tel. No: (Mobile)	
Email:			
Name of School/ College:			
Subjects / Course currently studying:			
What are your future career plans?			
How did you hear about the Shakespeare Hospice?			



What are your area/s of interest within the Hospice. Please tick appropriate box- you may tick more than one. ✓

Healthcare	<input type="checkbox"/>	Finance	<input type="checkbox"/>	Administration	<input type="checkbox"/>
Retail	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>		

Shop - please specify which one:

<p>Please tell us why you would like to volunteer at the Hospice:</p>	
<p>Please let us know the dates you would like to do your volunteering:</p>	
<p>Please give brief details of any previous work experience (paid or voluntary):</p>	
<p>Please give details of any particular skills / interests / hobbies you have?</p>	



Please indicate if you are limited in what you can do (e.g. for health reasons):

Has a member of your family, or a close friend, recently died or been diagnosed with a life threatening illness? If so, how long ago was this?

(The reason we ask this is so we can ensure you get any support you might need)

Please give any further details that you feel are appropriate to your application:



Reference

Please give the name and address of someone who will agree to provide you with a reference. If you are at school or college that person should be someone from your place of education. If not, please put someone who knows you well, but is not a relative.

Name of referee:
Capacity in which you know referee (i.e. teacher)
Address
Tel no:
Email:

PLEASE NOTE THAT THE HOSPICE OPERATES A NO SMOKING POLICY FOR ALL STAFF AND VOLUNTEERS

REHABILITATION OF OFFENDERS ACT 1974

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the act, and, in the event of employment, any failure to disclose such convictions would result in dismissal or disciplinary action by the Hospice. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies.

Have you ever been convicted of a criminal offence?

YES/NO*

*** please delete as applicable**

Signature:

Date: