



## 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](mailto:hsmith@theshakespearehospice.org.uk) T: 01789 266852

<b>Name:</b>											
<b>Home Address:</b>											
<b>Postcode:</b>		<b>Date of Birth:</b>									
<b>Tel No (Home):</b>		<b>Tel No (Mobile):</b>									
<b>Email:</b>											
<b>Name of School/College/University:</b>											
<b>Subjects/Course currently studying:</b>											
<b>What are your future career plans?</b>											
<b>How did you hear about the Shakespeare Hospice?</b>											
<b>What are your areas of interest within the Hospice?</b>	<p><i>Please tick the appropriate box – you may tick more than one.</i></p> <table style="width: 100%; text-align: center;"> <tr> <td>Healthcare</td> <td>Retail</td> <td>Fundraising</td> <td>Finance</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>If Retail please state which shop.....</p>			Healthcare	Retail	Fundraising	Finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare	Retail	Fundraising	Finance								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

<p><b>Please tell us why you would like to volunteer at the Hospice</b></p>	
<p><b>Please let us know the dates you would like to do your volunteering</b></p>	
<p><b>Please give brief details of previous work experience (paid or voluntary)</b></p>	
<p><b>Please give details of skills/interests/hobbies you have</b></p>	
<p><b>Please indicate if you are limited in any way in what you can do, (e.g. For health reasons)</b></p>	
<p><b>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?</b> <i>(The reason we ask this is so we can ensure you get any support you might need)</i></p>	
<p><b>Please give any further details that you feel are appropriate to your application:</b></p>	

# 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.

<b>Name of Referee:</b>	
<b>Capacity in which you know Referee: (i.e. Teacher)</b>	
<b>Address:</b>	
<b>Tel No for Referee:</b>	
<b>Email Address for Referee:</b>	

## 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

Signed.....

Date.....

Print Name.....