

LEWIS-MANNING HOSPICE VOLUNTEER APPLICATION FORM

1. PERSONAL DETAILS

Name : Mr/Mrs/Miss _____

Address _____

_____ Post Code _____

Tel No. _____ D.O.B. _____ Status _____

Next of Kin _____ Contact Tel No. _____

Address _____

2. PERSONAL INFORMATION

Occupation _____ Full/Part-time _____ Retired? Yes/No _____

Qualifications _____

Interests/hobbies/skills _____

Details of any previous voluntary work _____

Do you have your own transport? _____ Do you hold a current clean driving licence ?Yes/No _____

Have you experienced the loss of a close relative or friend? _____ If yes, how long ago? _____

How did you hear about the Hospice? _____

3. GENERAL HEALTH

Have you any current medical condition that might affect your work as a volunteer? _____

If so please give details _____

4. VOLUNTEERING

Please indicate the type of work which is of interest to you:

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Reception | <input type="checkbox"/> Working in our warehouse |
| <input type="checkbox"/> Kitchen Duties | <input type="checkbox"/> Patient Care |
| <input type="checkbox"/> Hairdressing | <input type="checkbox"/> Driving |
| <input type="checkbox"/> Flowers | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Office Work | <input type="checkbox"/> Handicrafts (from home) |
| <input type="checkbox"/> Assisting with Fundraising Events | <input type="checkbox"/> Computer Work |
| <input type="checkbox"/> Working in one of our Charity Shops | <input type="checkbox"/> Entertainment (e.g. Piano playing) |

Any other service please give details: _____

5. AVAILABILITY

How often would you like to work as a volunteer helper?

Once a week More Less As and when called

Please tick for **best** or preferred days/times. Cross out when not available.

	Morning	Afternoon
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>

Are you able to work in the school holidays? etc. _____

6. REFERENCES

We would be grateful if two references could be sought from either a recent employer, another voluntary organisation or a person who knows you well other than your family members. (Please state your relationship to the referees below).

<u>NAME AND ADDRESS OF REFEREE</u> (block capitals please)	<u>NAME AND ADDRESS OF REFEREE</u> (block capitals please)
Relationship to applicant: _____	Relationship to applicant: _____

You may be required before being offered voluntary work to obtain a Criminal Records Bureau disclosure. However, please note that possession of a criminal record may not necessarily bar you from the post.

Signature: **Date:**

Thank you for completing this form. We hope that it will enable us to make good use of your time. Thank you for your interest.

Please return the completed form to:

Jenny Clark
Volunteer Services Co-ordinator
Lewis-Manning Hospice
1 Crichel Mount Road
Lilliput, Poole,
Dorset, BH14 8LT

Tel: 01202 708470 - Fax: 01202 701890
Website: www.lewis-manning.co.uk

The Lewis-Manning Trust
Registered Charity Number: 1120193
Company Number: 6278709

Vol-F-05 ver 07
Volsappl-house

Office use only:

Date Received: Reference Requested: / Received: Reference Requested: / Received:

Interview Date: Commencement Date: Signature: