



St Benedict's  
HOSPICE

**ST BENEDICT'S HOSPICE**  
MONKWEARMOUTH HOSPITAL  
NEWCASTLE ROAD  
SUNDERLAND  
SR5 1NB  
Tel: 0191 5699191  
Fax: 0191 5699253

## VOLUNTEER APPLICATION FORM

### PERSONAL DETAILS

Title: (Mr/Mrs/Miss/Ms) .....	Surname:.....
Forename: .....	Date of Birth: .....
Address: .....	
.....	Postcode: .....
Tel No (home): .....	Tel No (work): .....
<b>Emergency Contact:</b>	
Name: .....	Relationship: .....
Contact No: .....	

### RELEVANT EMPLOYMENT

Please state below any present or previous employment which you feel is relevant to working within a hospice environment (please state whether present or previous)

**QUALIFICATIONS & SKILLS**

What qualifications and skills do you have? Don't forget the skills you have gained bringing up a family and running a home!

**ADDITIONAL INFORMATION**

How did you first hear about St Benedict's Hospice?

Please state the reason for your interest in volunteering at St Benedict's Hospice

Please give details of any previous voluntary work you may have done

Please give details of any hobbies or interests

Please indicate any bereavement you may have experienced in your family over the last year *(We recommend that volunteers who have had a recent bereavement do not volunteer within the hospice setting for at least a year, although each application will be considered on an individual basis).*

**PLEASE INDICATE BELOW WHICH DAYS AND TIMES YOU ARE AVAILABLE FOR VOLUNTARY WORK**

	<b>MORNING</b>	<b>AFTERNOON</b>	<b>EVENING</b>
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

**REFERENCES**

Please give names and addresses of 2 people who we can write to for a character reference. This can be a friend or neighbour but must **not** be a relative.

<b>NAME</b>	<b>ADDRESS</b>	<b>CONTACT NUMBER(S)</b>
1)		
2)		

**REHABILITATION OF OFFENDERS ACT**

Because of the nature of the work for which you are applying, this post is exempt from the provision of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1975 (Exceptions) Amendment Order 1986.

You 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 could result in dismissal or disciplinary action by the Trust.

Any information given will be completely confidential. If you have been convicted of a criminal offence please state the date and the offence for which you were convicted.

Have you EVER been convicted of an offence or received a formal caution/bound over order?

Yes       No

If YES, please give details below:

**NB If you wish you may provide details in a separate envelope marked ‘Private & Confidential’**

Since volunteering within St Benedict’s will involve you working with and caring for vulnerable adults you will be required to consent to an enhanced disclosure (under the provision of the Police Act 1997.)

**DECLARATION**

I certify that to the best of my knowledge the information I have given on the application form is true and correct I understand that any false information given on this form may render the offer of voluntary work invalid and lead to termination of services at anytime. I also understand that the appointment is subject to satisfactory medical clearance and disclosure from the Criminal Records Bureau.

Signed: ..... Date: .....

St Benedict’s Hospice aims to be an Equal Opportunities Employer and operates No Smoking and No Alcohol Policies.

This information is held either in the Volunteer's personal file or the volunteer database. Access to this information is restricted in accordance with the principles of the Data Protection Act. If you have any queries regarding the retention of this information please write to the Volunteer Co-ordinator at the address given on front of application form.

**OFFICE USE ONLY**

References applied for: date: ..... / ..... / .....

References received: 1<sup>st</sup> date: ..... / ..... / ..... 2<sup>nd</sup> date: ..... / ..... / .....

Interview date: ..... / ..... / ..... Time: ..... Venue: .....

Interview panel: .....

Comments:

Signed: ..... Date: ..... / ..... / .....

Offered post: Yes No Date: ..... / ..... / .....

Accepted post: Yes No Date: ..... / ..... / .....

Medical Yes No Date: ..... / ..... / .....

C. R. B check Yes No Date: ..... / ..... / .....