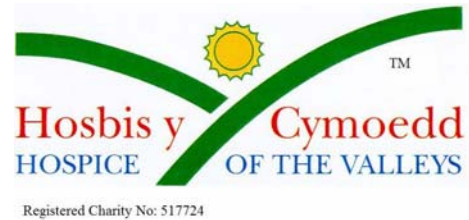


IN CONFIDENCE



VOLUNTEER APPLICATION

Thank you for your interest in helping Hospice of the Valleys provide its services to the patients and families of our population. We rely very much on the good will of local people to spend some of their free time and energy in a variety of ways to support our work.

There are many ways in which people can help; in shops, driving patients to clinics, driving or helping with deliveries on our van, office work, organising and assisting to run events and fundraising in a variety of ways are just a few. It would be helpful if you could spend some time completing this form, so we can have an idea of how you think you can be of service.

Sadly, there are those in our society who would seek to use the opportunity of working for a charity to exploit the people we serve. The Hospice has a duty of care to those who use our services and those who support us, to ensure that all who represent us are honest, reliable and possess the appropriate skills for functions they carry out.

It is our policy, therefore, to ask prospective volunteers to supply the names of two referees, one of who should be a recent employer or charity official, and one who should be a professional person such as GP, cleric, school teacher, solicitor, councillor etc. We do not accept references from family members or neighbours.

Volunteers, who may be required to handle cash or other valuables, or those who will be dealing with children or vulnerable adults, will be required to apply for a Criminal Records Bureau (CRB) Disclosure.

Volunteers will not be permitted to commence working for the Hospice until satisfactory references and/or, where appropriate, a satisfactory CRB disclosure has been obtained.

Please complete the following application in ink and send to:

Rachel Watkins, Volunteer Co-ordinator
Hospice of the Valleys
Park Gate Business Centre
Morgan Street
Tredegar
NP22 3ND

Tel: 01495 712931

IN CONFIDENCE



VOLUNTEER APPLICATION

1. Your Details

Title: Mr / Mrs / Ms / Miss / Other

Surname:

Fore Name (s):

Address:

Postcode:

Telephone:

Car Owner / Driver

Date of Birth:

2. Why do you wish to be volunteer – how do you think you can help?

3. What relevant skills / experience / qualifications can you bring to the Hospice of the Valleys?

4. Have you had any criminal convictions?

Yes

No

If “Yes” please give details

5. Do you suffer with any illnesses or have any disabilities that may affect your position as a volunteer? If so, please give details.

6. Please tick the following areas if they interest you:

- | | |
|--|----------------------|
| • Charity shop work | Events participation |
| • Driving – deliveries to shops & patients | Events organisation |
| • Driving – taxi for patients & from clinics | Bereavement work |
| • Office work | Helping at clinics |
| • Odd jobs for patients | Fundraising |
| • Other (Please specify) | |

7. Are there any other comments or views you wish to draw to our attention?

8. Please give the details of two referees

Full Name

Full Name

Address

Address

Postcode

Postcode

Telephone

Telephone

Declaration:

I agree that any offer of a volunteer role made on the basis of this application is on the understanding that all information is accurate and truthful. I also acknowledge that Hospice of the Valleys may withdraw any offer, or terminate without notice, any subsequent role if it is found that any information supplied by me is false.

Signed: _____

Date: _____