



**St. DAVID'S FOUNDATION HOSPICE CARE  
CAMBRIAN HOUSE • ST. JOHN'S ROAD  
NEWPORT • NP19 8GR**

Tel: (01633) 270980 / 271364 Fax: 01633 272593  
 www.stdavidsfoundation.co.uk enquiries@stdavidsfoundation.co.uk  
 Registered Charity No. 1010576

**VOLUNTEER APPLICATION FORM**

**PERSONAL DETAILS**

Title	Surname
Forename(s)	Former name
Telephone No. (day)	Telephone number (evening)
Telephone No. (mobile)	Date of birth
E-mail address	
Postal Address	
Postcode	

**AREAS OF INTEREST**

**What type of roles are you interested in?**

Day Hospice	<input type="checkbox"/>	Charity Shop	<input type="checkbox"/>
Complementary Therapy	<input type="checkbox"/>	Driving	<input type="checkbox"/>
Bereavement Support	<input type="checkbox"/>	Administration	<input type="checkbox"/>
Family Support Service	<input type="checkbox"/>	Fundraising Campaigns/Events	<input type="checkbox"/>
		Lottery Membership Campaigns	<input type="checkbox"/>

If there is a specific volunteering role in which you are interested, please give details here:  
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**RELEVANT EXPERIENCE**

Please summarise any experience (either paid work, voluntary work or other experience), Skills or qualifications which you consider to be relevant to the volunteering opportunity in which you are interested.

Experience, learning and skills.	
Information to support your application.	

## AVAILABILITY

What days and hours are you available?

Mon	Tue	Wed	Thu	Fri	Sat	Sun	Other (please specify)
am pm	am pm	am pm	am pm	am pm	am pm	am pm	

## TRAVEL

How would you travel to the place of volunteering?	Public transport		Lift	
	Own car		Other	

## DRIVING LICENCE

If you wish to volunteer as a driver, please complete this section:

(NB we will need to see your driving licence, insurance policy and MOT Certificate, if applicable)

Do you have a valid UK driving licence?		Licence Expiry Date	Who is your vehicle insured with?	
Car Registration		Details of endorsements	Insurance valid until:	

## HEALTH

Do you have a disability or illness that St. David's Foundation should be made aware of? No  Yes

If yes, please give details. (This may be discussed at interview but may not necessarily preclude you from volunteering.)

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## EMERGENCY CONTACT DETAILS

Please supply the name and contact details of at least one person we may telephone in the case of illness or emergency.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Tel No: \_\_\_\_\_ Tel No: \_\_\_\_\_

## CAUTIONS, REHABILITATION AND CRIMINAL RECORDS

Please give details of any criminal convictions. If none, please state. \_\_\_\_\_

### Rehabilitation of Offenders Act 1974, (Exemptions) Order 1975

For certain volunteering roles which involve contact with vulnerable people, including children or patients of St. David's Foundation, you are **not** entitled to withhold information about convictions which are for other purposes 'spent' under the provisions of the Act. Successful applicants will be required to complete a Disclosure Application at Enhanced level for submission to the Criminal Records Bureau. St. David's Foundation complies fully with the CRB Code of Practice and the Data Protection Act 1998 regarding disclosure information. Any information given will be treated as completely confidential and will only be considered in terms of its relevance to an application for positions to which the order applies. A criminal record will not necessarily be a bar to obtaining a position. **If you have any concerns or queries on this matter, please seek advice from the Personnel Manager.**

## REFEREES

Please give below the names of two referees who have agreed to give a reference on your behalf. They should be a recent employer and/or a professional person, e.g. a school teacher, solicitor or councillor.

**NB: Please note that two satisfactory references must have been received.**

### Business Reference

(e.g employer, doctor, teacher, solicitor)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Tel No. \_\_\_\_\_ Fax No. \_\_\_\_\_

e-mail address \_\_\_\_\_

Your relationship to referee \_\_\_\_\_

Years Know \_\_\_\_\_

### Personal Reference

(Note: We do not accept references from family members)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Tel No. \_\_\_\_\_ Fax No. \_\_\_\_\_

e-mail address \_\_\_\_\_

Your relationship to referee \_\_\_\_\_

Years Know \_\_\_\_\_

## BACKGROUND INFORMATION

**Have you had a recent bereavement of a close family member or friend?**

**YES / NO**

We advise a person who has had such a bereavement not to volunteer at St David's Foundation Hospice Care until at least one year has elapsed. If, however, you feel able to volunteer and would like to discuss the possibility of doing so, please contact the Personnel Manager, who will be happy to discuss this with you.

How did you find out about volunteering with St. David's Foundation Hospice Care?

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## DECLARATION

The information I have given in this application is true and complete.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form to:      Leeanne Hughes-Evans  
HR Department  
St. David's Foundation Hospice Care  
Cambrian House, St. John's Road, Newport, NP19 8GR  
Tel: 01633 271364