

**Lostock Lane, Lostock Hall, Preston, Lancashire PR5 5XU. Tel No: 01772 629171**

## PERSONAL DETAILS

MR/MRS/MS/MISS/DR/OTHER SURNAME:	FORENAME(S):	PREFERRED NAME:
EMAIL ADDRESS:		
ADDRESS:	TELEPHONE NO:	
POSTCODE:	MOBILE TELEPHONE NO:	

AGE GROUP:	16-18 <input type="radio"/>	<i>Minimum age for volunteering is 16 years</i>
	19-30 <input type="radio"/>	
	31-50 <input type="radio"/>	
	51-65 <input type="radio"/>	
	OVER 65 <input type="radio"/>	

WHY DO YOU WANT TO VOLUNTEER FOR ST CATHERINE'S HOSPICE?

## OCCUPATION/SKILLS AND INTERESTS

CURRENT OR PREVIOUS OCCUPATION:

PLEASE STATE ANY EMPLOYMENT EXPERIENCE THAT COULD BENEFIT THE HOSPICE:

PLEASE STATE ANY HOBBIES OR INTERESTS THAT COULD BENEFIT THE HOSPICE:

PLEASE STATE ANY SPECIAL SKILLS OR OTHER RELEVANT DETAILS, THAT COULD BENEFIT THE HOSPICE:

## PREVIOUS EXPERIENCE

HAVE YOU HAD ANY PREVIOUS EXPERIENCE OF VOLUNTARY WORK? Yes/No

IF 'Yes' PLEASE GIVE DETAILS

## QUALIFICATIONS

**PLEASE PROVIDE DETAILS OF YOUR CURRENT QUALIFICATIONS OR TRAINING THAT YOU FEEL WOULD BENEFIT THE HOSPICE**

Qualification / Training	Details of where undertaken	Date completed

## OTHER INFORMATION

**SOME OF OUR VOLUNTEER POSITIONS INVOLVE DRIVING DUTIES.**

Do you possess a clean driving licence? Yes / No

If no, please give brief details:  
(each case will be looked at on an individual basis)

Do you have your own transport available, which you would be happy to use whilst on duty? Yes / No

**HOW DID YOU HEAR ABOUT THE HOSPICE (please circle)**

Hospice Website                      Recommendation                      Personal Experience                      Hospice Newsletter

Local Volunteer Network              Social Media                      Media (print/broadcast)              Hospice Shop

Other (please state)

## VOLUNTEER DUTIES

If you are interested in a particular role that you have seen advertised, please indicate:

THERE ARE MANY VARIED OPPORTUNITIES WITHIN ALL AREAS OF THE ORGANISATION WHERE THE SKILLS AND TIME OF VOLUNTEERS IS TRULY VALUED. PLEASE INDICATE BELOW THE AREAS OF VOLUNTARY WORK THAT WOULD BE OF INTEREST TO YOU.

***If you would like to know more about volunteering opportunities please contact the Volunteering Office on 01772 629171 or refer to the volunteering section on the hospice website; [www.stcatherines.co.uk](http://www.stcatherines.co.uk)***

### Duties in the Hospice and at The Mill Café

PATIENT RELATED OPPORTUNITIES	OTHER OPPORTUNITIES
In Patient Unit	Administration/Clerical
Supporting patients and families Befriending	Catering Assistance (The Mill Café, Main Kitchen, Events)
Supporting patients and families Advisor	Fundraising and Events
	Housekeeping/Laundry
	Maintenance/Gardening

### Duties in Trading Retail/Charity Shops

ADLINGTON (Charity Shop)	LEYLAND (Charity Shop/Furniture Shop)
ASHTON (Charity Shop/Book Shop)	LONGRIDGE (Charity Shop)
BAMBER BRIDGE (Charity Shop)	LONGTON (Charity Shop)
CHORLEY (Charity Shop/Furniture Shop/Bookshop)	LOSTOCK HALL (Charity Shop)
DRIVER (moving goods and furniture)	PENWORTHAM (Charity Shop)
DONATION Centre (based at the Hospice)	PRESTON (Charity Shop/Superstore/Magistrates Tea Bar)
EBAY (based in Preston)	RECEPTION (New Goods Shop and café)
FULWOOD (Charity Shop)	

### Availability

Which days suit you best?	MON	TUE	WED	THU
	FRI	SAT	SUN	ANY
What times suit you best?	9am—1pm	1pm—4pm	4pm—Late	Any
When are you available?	Every Week	Every Other Week	Other (please specify)	
Are you available at short notice?	Yes	No	How much notice will you need?	

## CRIMINAL RECORDS

Due to the nature of the work involved within the Hospice and the other associated businesses for which you are volunteering, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 (Exemptions ) Order 1975. Dependent on the role successful applicants may be required to obtain Disclosure and Barring clearance. You are therefore not entitled to withhold information about convictions which for other purposes are classed as "spent" under the provisions of the Act. Failure to disclose such convictions may result in you being unable to work as a volunteer at the Hospice. If you wish to discuss this further please contact a member of Human Resources department at the hospice on 01772 629171

## FITNESS TO VOLUNTEER

Do you consider yourself to have a disability or condition which would prevent you from undertaking the role of a volunteer?	Yes / No
Do you require any adjustments to be made to assist you to undertake the role of a volunteer?	Yes / No
If yes to any of the above, please give details	

## REFERENCES

All volunteer appointments are subject to satisfactory references. Please supply details of two referees who have known you for at least two years, preferably one must be in a work or volunteer capacity.

**References will be taken up prior to you commencing as a volunteer.**

NAME OF REFEREE 1	NAME OF REFEREE 2
RELATIONSHIP TO APPLICANT	RELATIONSHIP TO APPLICANT
ADDRESS	ADDRESS
POSTCODE	POSTCODE
EMAIL ADDRESS	EMAIL ADDRESS
TELEPHONE NUMBER	TELEPHONE NUMBER

## DATA PROTECTION

Under the Data Protection Act you are advised that the details provided on this application form will be used only for the purpose of volunteer recruitment and will not be passed to any third parties without prior consent. By signing this volunteer application form you are giving St Catherine's Hospice consent to use and process your details and approach your referees.

*I declare that the information given in my application is correct and I give my consent for my details to be processed for the purpose of volunteer recruitment.*

Signature: .....

Date: .....

**Thank you for completing your application form and considering volunteering for the Hospice.  
Please return your application form to the reception desk at the Hospice or by post to:  
Volunteer Department, St Catherine's Hospice, Lostock Lane, Lostock Hall, Preston, PR5 5XU**