



Park Lee Road
 Blackburn
 Lancashire
 BB2 3NY
 Telephone: 01254 733400
 Fax: 01254 665000
 www.eastlancashirehospice.co.uk

VOLUNTEER APPLICATION FORM Please complete and return to
Voluntary Services Co-ordinator, East Lancashire Hospice, Park Lee Road, Blackburn, BB2 3NY

Name: Address: Postcode: Date of Birth: Telephone Mobile Email	Emergency Contact Details Name: Relationship: Home Phone: Mobile:
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Present Occupation:	Previous Occupations:

Previous/current voluntary work
Why would you like to work at the Hospice and what skills or interests do you have which might be of benefit to the Hospice?
Have you suffered bereavement in the last 12 months of a friend or relative? Yes/No Have you used any Hospice service in the last 12 months? Yes/No If yes which service

Please indicate with a tick which area you prefer to work in

<input type="checkbox"/> In Patients	<input type="checkbox"/> Garden Work	<input type="checkbox"/> Fundraising	<input type="checkbox"/>
<input type="checkbox"/> Day Therapy	<input type="checkbox"/> Bereavement	<input type="checkbox"/> Friends Group	<input type="checkbox"/>
<input type="checkbox"/> Home Care Sitters	<input type="checkbox"/> Reception Work	<input type="checkbox"/> Shop	<input type="checkbox"/>
<input type="checkbox"/> Driver	<input type="checkbox"/> Clerical Work	<input type="checkbox"/> Lottery	<input type="checkbox"/>
<input type="checkbox"/> Flower Arranging	<input type="checkbox"/> Diversional Therapy	<input type="checkbox"/> Singer	<input type="checkbox"/>
<input type="checkbox"/> Kitchen/Dining Room	<input type="checkbox"/> Complementary Therapies	<input type="checkbox"/> Warehouse	<input type="checkbox"/>

In order that we can make reasonable adjustments and allocate volunteers to the correct departments we need to ask a few questions on your health. The answers will in no way prejudice your application and will be treated with confidentiality.

Are you registered as a disabled person? YES/NO

Do you suffer from any serious illness or health problem? YES/NO

If yes please give details

If you wish to be considered for driving purposes please complete the following

Do you have a driving licence? YES/NO

Do you have fully comprehensive insurance? YES/NO

Do you have any driving convictions? YES/NO

If yes please give details below

**Do you have any criminal convictions?
(An enhanced CRB check will be required)**

YES/NO

Please provide details of availability

Day of week

Number of hours

Time i.e. morning/afternoon/evening

We occasionally need people to help out once or twice a year with fundraising events such as Summer Fayre, Festive Bag Packing etc would you be interested in helping out at such events?

YES/NO

Please provide the name and address of 2 referees (not related) but know to you for at least 1 year

1

2

Post Code

Post Code

Tel Number

Tel Number

I declare that the information given is true and complete to the best of my knowledge and that should I be successful this information will be kept until such time that I cease to work as a volunteer.

Signed

Date