



Great Oaks, The Gorse, Coleford,
Glos, GL16 8QE (Tel: 01594 811910)

VOLUNTEER APPLICATION

This application form provides us with the information we need for our records. It is kept strictly confidential. Thank you for your co-operation.

Last Name Forenames

Address

Post Code Email address

Home Tel. No. Mobile Tel. No.

Main Occupation Retired? Yes/No

Next of Kin

Name Relationship

Address

Post Code Home Tel. No.

If accepted as a volunteer, how would you be most interested in helping? For example: in a shop or at the Hospice – caring, gardening, driving?
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If the shop, which one did you wish to volunteer in?
Cinderford/Coleford/Lydney/Mitcheldean/Newnham/Newent:

Your reason for offering help?

Are you responsible for the care of elderly relatives or children? Yes/No

Do you hold a current British Driving Licence? Yes/No

Do you have a car you could use for voluntary work? Yes/No

Please tell us about any professional qualifications you hold or other relevant experience:
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What days and hours would you be available?

Have you suffered bereavement in the past two years? We would be grateful if you could give brief details. We do not wish to invade your privacy, but trust that you will appreciate our need to ask the question.
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Criminal Convictions

The Rehabilitation of Offenders Act 1974 refers to the employment of persons and whether or not they are required to disclose details of any previous convictions. As a prospective voluntary worker you, of course, will not be an employee, nevertheless, it is considered highly desirable that you should not be exempt for the terms of the Act. Therefore, if you have had any previous convictions which may have resulted in a fine, restriction of movement, or a custodial sentence please disclose this below. The information given will remain strictly confidential and will not necessarily affect the decision to accept your service.

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Confidentiality and Relationships

Whilst working with us you will see and hear things of a confidential nature. You must understand how important it is that nothing relating to our users, their illnesses, their family or any other confidential information is discussed with anyone other than a relevant member of staff.

Personal Information

These details will be kept on a computer database and by signing this form you are giving your agreement to this.

Health Information

Do you have any permanent condition, disability, injury, or have you suffered any illness that may affect your performance or that Great Oaks should be aware of for your personal safety and/or for the personal safety of others at Great Oaks? Yes/No

If, yes, please specify

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References

Please name two referees (not relatives or Great Oaks employees / volunteers) who may be contacted without further reference to you; one of the references should be from a "Professional", i.e. JP, Nurse, etc.

1. Name

Address

Postcode

2. Name

Address.....

Post Code

Declaration: I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if invited, to help dismissal. I also agree to my personal details being kept in a database solely for the use of those connected with the running of Great Oaks Hospice. I understand that I may have access to this information having given sufficient notice.

Signature Date

**Please, return this completed application to Great Oaks Dean Forest Hospice
Great Oaks, The Gorse, Coleford, Glos. GL16 8QE**