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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CONFIDENTIAL | | Please return this form to | | | | **The Volunteers Co-ordinator Francis House Children’s Hospice 390 Parrswood Road Manchester M20 5NA** | | | | | |
| **APPLICATION FOR VOLUNTARY WORK** | | | | | | | | | | | |
| PERSONAL | | | | PLEASE COMPLETE LEGIBLY IN YOUR OWN HANDWRITING | | | | | | | |
| Surname | | | | Forenames | | | | | | Mr/Mrs/Miss/Other | |
| Date of Birth | | | | | | | Nationality | | | | |
| Address | | | | | | | Name and Address of next of kin  Relationship | | | | |
| Tel no | | | | | | | Tel no | | | | |
| Email address | | | | | | | | | | | |
| Are you in full time employment? Please give details. | | | | | | | | | | | |
| Health (Please describe your general state of health) | | | | | | | | | | | |
| PLEASE CIRCLE YOUR PREFERRED DAY(s) OF WORK | | | | | | | | | | | |
| MONDAY | TUESDAY | | WEDNESDAY | | THURSDAY | | | FRIDAY | SATURDAY | | SUNDAY |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PLEASE CIRCLE YOUR PREFERRED AREA OF WORK | | | | | | | | | | |
| KITCHEN / MEAL TIMES | LUNCH | | | | | | TEA | | | |
| 10am–2pm | | | | | | 4.30pm–7pm | | | |
| RECEPTION | MORNING | | | | | AFTERNOON | | | | EVENING |
| 8am–10am | | 10am–Noon | | | Noon–3pm | | | 3pm–6pm | 6pm–8pm |
| CHARITY SHOP | MORNING | | | | | | AFTERNOON | | | |
| 10am–Noon | | | | | | Noon–4pm | | | |
| GARDENING | MORNING | | | | | | AFTERNOON | | | |
| 10am–Noon | | | | | | Noon–4pm | | | |
| VALETING VEHICLES | MORNING | | | | | | AFTERNOON | | | |
| 10am–Noon | | | | | | Noon–4pm | | | |
| FUND-RAISING |  | | | | | | | | | |
|  | | | | | | | | | |
| GENERAL COMMENTS  Please detail here your reasons why you want to participate in Voluntary work, your main achievements to date and a personality description of yourself | | | | | | | | | | |
| REFERENCES **(not close relatives, friends or neighbours)**  Please note here the names, addresses and telephone numbers of two persons from whom we may obtain both character and work experience references, one of whom should be your current Employer. It is our policy to send for references before interview.  If you do not wish us to contact your employer until after interview, please tick box | | | | | | | | | | |
| Reference (1) | | | | Reference (2) | | | | | | |
| **Rehabilitation of offenders act 1974**  By virtue of the Rehabilitation of Offenders act 1974 (Exceptions) Order 1975. The provisions of Section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply in any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. Your answer to the following question should include “spent” convictions  Have you ever been convicted of a criminal offence YES/NO  If YES please give details | | | | | | | | | | |
| **DECLARATION** (Please read this carefully before signing the application)  I confirm that the above information is complete and correct and that any untrue or misleading information will result in the termination of my voluntary service  Signed Date | | | | | | | | | | |
| For Office Use Only | | | | | | | | | | |
| Application form received | | Application form on database | | | | | | Application form acknowledged | | |
| Interview date | | | | | Preferred area of work | | | | | |
| Interview notes | | | | | | | | | | |
| References sent for Y / N  Date | | Reference 1 received Y / N  Date | | | | | | Reference 2 received Y / N  Date | | |
| DBS date | | DBS renewal date | | | | | | DBS disclosure number | | |
| Training/orientation date completed | | | | | | | | | | |
| Place of work – day and time | | | | | | | | | | |