

CONFIDENTIAL		Please return this form to		The Volunteers Co-ordinator Francis House Children's Hospice 390 Parrswood Road Manchester M20 5NA rachael.taylor@francishouse.org.uk		
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 TIME OF WORK						
CHARITY SHOP	MORNING			AFTERNOON		
	10am–Noon			Noon–4pm		

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

Reference 1 received

Y / N

Reference 2 received

Y / N

Date

Date

Date

DBS date

DBS renewal date

DBS disclosure number

Training/orientation date completed

Place of work – day and time

