



St. Kentigern

HOSPICE & PALLIATIVE CARE CENTRE
HOSBIS A CHANOLFAN GOFAL

Telephone / Ffôn: 01745 585221
Web/ We: www.stkentigernhospice.org.uk
Registered Charity/Elusen Gofrestredig: 519931

Upper Denbigh Road St Asaph Denbighshire LL17 ORS

HOSPICE VOLUNTEER APPLICATION FORM

Name (Mr/Mrs/Miss/Ms)

Address

Home Tel NoWork/Mobile No

Date of BirthOccupation

Own Transport: YES/NO

Are you currently active on behalf of any other voluntary organisations ?

.....

Do you have any previous hospital/hospice experience ?

.....

.....

Do you feel that you have any particular skills/experience that you could offer?
E.g. secretarial, driving, fundraising etc.

.....

.....

MEDICAL HISTORY (this information could help us when placing you as a volunteer)
Within the last 2 years have you:

a) had any serious illness/operations ?

.....

b) had any psychiatric problems/treatment ?.....

.....

Within the last 12 months have you suffered a bereavement? YES/NO

(Can you please note it is hospice policy not to recruit volunteers who have been bereaved within the last 12 months).

.....

AVAILABILITY:

Please state days (am/pm) when you would normally be available

SUN	MON	TUES	WED	THUR	FRI	SAT
am	am	am	am	am	am	am
pm	pm	pm	pm	pm	pm	pm

Please tick/delete as appropriate

Please state reason for applying and other relevant information:

.....
.....
REFERENCES: Please give details of 2 persons (not related to you) including your present employer (if applicable)

(1) Name

Address

.....Post Code

Telephone No.

(2) Name

Address

.....Post Code

Telephone No.

REHABILITATION OF OFFENDERS (1974) ACT

A) Have you any criminal convictions not yet spent under the Act ? YES/NO

B) Are you currently subject to any police investigation/prosecution ? YES/NO

Exemption Order 1975

This voluntary position carries an exemption for the Rehabilitation of Offenders Act and you are therefore required to give details of all previous criminal convictions.

C) Have you ever had any criminal convictions ? YES/NO

Criminal records will be taken into account for recruitment purposes only when the conviction is relevant. Disclosure of a conviction will not necessarily disqualify you from volunteering.

All information given in this application is true to the best of my knowledge and belief.

Signed Date

Please return completed form to Miss Joyce Bellingham Hospice Manager at the address overleaf.

DECLARATION OF CONFIDENTIALITY

I hereby declare that I will hold in strict confidence, any personal information concerning patients which may become known to me during the exercise of my voluntary duties within the premises of St Kentigern Hospice and that I will not divulge such information to any unauthorised person nor discuss it with colleagues in any public place.

I understand that confidential or personal information includes a patient's identity, diagnosis and treatment, and any other particulars relating to his or her condition, and understand that any disclosure of confidential information could result in suspension from duty.

Signed

Date