

prevent full consideration of your application.

Volunteer Application Form

| What role are you applying for? | | | | Graphic Design Volunteer | | | | | |
|---|---------------------------------------|-----------------|--------------|--------------------------|--------------------|------------------|----------------|----------|--|
| Personal Details | | | | · | | | | | |
| First Name: | | | Surn | Surname: | | | | | |
| | | | | | | | | | |
| Date of birth | | | | Address: | | | | | |
| Gender | | | | | | | | | |
| Email Address: To save costs this is our preferred method of contacting you | | | | | | | | | |
| Contact Number(s): | | | | | | | | | |
| | | | Post | Post Code: | | | | | |
| Emergency Cont | act Detail | S | | | | | | | |
| | | | ship to you: | | | Contact Number: | | | |
| | | | | | | | | | |
| Availability – Please tick all that apply | | | | | | | | | |
| Availability – Plea | Mon | Tues | y Wed | | Thurs | Fri | Sat | Sun | |
| Morning | MOIT | Tues | wed | | muis | | Sal | Sun | |
| Afternoon | | | | | | | | | |
| Evening up to 8pm | | | | | | | | | |
| Do you want a regula | r commitme | nt or more fl | exibility | ? Reg | Jular Commitm | ent F | lexibility | | |
| How long can you vol E.g. one year, please put approximate date | unteer for? | | | | | | | | |
| This information doe | sn't affect the o | outcome of you | r applica | tion, h | owever it helps us | s identify futur | re recruitment | needs. | |
| References - Plea on your suitability to | | | | | | | | | |
| 1 st Referee | | | | 2 nd Referee | | | | | |
| Name: | | | | Name: | | | | | |
| Tel: | | | | Tel: | | | | | |
| Email: | | | | Email: | | | | | |
| Health/Disability | / | | | 1 | | | | | |
| Do you have any heal affect your ability to v | th issues, dis olunteer? YE | abilities or ad | dditiona | al sup | port needs we | should be | aware of tha | it would | |
| Answering yes means | s you will be | asked for fur | ther info | ormat | ion when we se | ee you for yo | our informal | chat. | |
| Criminal Record | Checks | | | | | | | | |
| Due to the nature of and Barring Service of convictions/cautions | check which | we will unde | ertake c | on you | ur behalf. You v | vill be asked | d about any | | |

Data Protection – sharing and protecting your information

By submitting this application you are agreeing to us using your personal information as described in our Privacy Policy

Right To Work In The UK (Only to be completed by non UK citizens)

If you are in the UK on a visa does it give you the right to work in the UK? YES NO What category of visa do you hold?

You are responsible for ensuring you are allowed to volunteer, failure to do so could jeopardise your immigration status. If in doubt contact the UK Border Agency for advice.

More About You – Please tell us why you want to volunteer and what relevant skills and experience you could bring to the role you are applying for.

Permission To Volunteer (Only to be completed for those aged under 18)

If you are aged under 18 please ask a parent or legal guardian to sign below, by doing so they are confirming they give permission for you to volunteer with us.

| Full Name: | Signed: | Date: |
|---------------------------|---------|-------|
| Declaration | | |
| If successful I agree to: | | |

- Abide by all policies and procedures of St Oswald's Hospice
- Adhere to St Oswald's Values and People Charter
- Maintain confidentiality of all of the information I may have access to as a result of my volunteering

I declare, to the best of my knowledge, the information I have provided is true and accurate

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Full Name:
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Returning Your Application

Please return your completed application form by email or post to:



volunteer@stoswaldsuk.org

| í / . |
|-------|
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Volunteering Dept, Regent Ave, Gosforth, Newcastle, NE3 1EE.

Date:

Thank you for taking the time to complete this form, we are always grateful to hear from potential volunteers.

We will contact you within 2 weeks of receipt of this form to arrange an informal chat.

We look forward to meeting you shortly.

November 2021