

## Volunteer Application Form

| What role are you applying for?                    |                         |                |           | Graphic Designer Volunteer Intern |                   |                      |                 |             |  |
|--|-------------------------|----------------|-----------|-----------------------------------|-------------------|----------------------|-----------------|-------------|--|
|  |                         |                |           | (Pitman Training)                 |                   |                      |                 |             |  |
| Personal Details                                   |                         |                |           |                                   |                   |                      |                 |             |  |
| First Name:  |                         |                | Surn      | ame:                              |                   |                      |                 |             |  |
| Date of birth                                      |                         |                | Add       | Address:                          |                   |                      |                 |             |  |
| Gender   |                         |                |           |                                   |                   |                      |                 |             |  |
| Email Address: To save<br>method of contacting you |                         | Ir preferred   |           |                                   |                   |                      |                 |             |  |
| Contact Number(s):                                 |                         |                |           |                                   |                   |                      |                 |             |  |
|  |                         |                | Post      | Code                              | :                 |                      |                 |             |  |
| <b>Emergency</b> Cont                              | act Detail              | S              |           |                                   |                   |                      |                 |             |  |
| Name:  | e: Relationship to you: |                |           | Contact Number:                   |                   |                      |                 |             |  |
| Availability – Plea                                | ase tick al             | l that appl    | У         |                                   |                   | 1                    |                 |             |  |
|  | Mon                     | Tues           | Wed       |                                   | Thurs             | Fri                  | Sat             | Sun         |  |
| Morning  |                         |                |           |                                   |                   |                      |                 |             |  |
| Afternoon  |                         |                |           |                                   |                   |                      |                 |             |  |
| Evening up to 8pm                                  |                         |                |           |                                   |                   |                      |                 |             |  |
| Do you want a regula                               | r commitme              | ent or more fl | exibility | ? Reg                             | jular Commitm     | ent F                | lexibility      |             |  |
| How long can you volu<br>This information does     |                         | outcome of yo  | ur applie | cation                            | , however it help | s us identify f      | future recruitr | nent needs. |  |
| References - Plea<br>on your suitability to        |                         |                |           |                                   |                   |                      |                 |             |  |
|  | 1 <sup>st</sup> Referee |                |           |                                   |                   | 2 <sup>nd</sup> Refe | eree            |             |  |
| Name:  |                         |                |           | Nam                               | ie:               |                      |                 |             |  |
| Tel:   |                         |                |           | Tel:                              |                   |                      |                 |             |  |
| Email:   |                         |                |           | Ema                               | il:               |                      |                 |             |  |
| Health/Disability                                  | /                       |                |           |                                   |                   |                      |                 |             |  |
| Do you have any heal<br>affect your ability to v   | olunteer? <b>Y</b>      | ES NO          |           | -                                 |                   |                      |                 |             |  |
| Answering yes means                                | -                       | asked for fur  | ther info | ormat                             | tion when we se   | ee you for yo        | our informal    | chat.       |  |
| Criminal Record                                    | Checks                  |                |           |                                   |                   |                      |                 |             |  |
| Due to the nature of<br>and Barring Service of     |                         |                |           |                                   |                   |                      |                 | Disclosure  |  |

convictions/cautions during your informal chat. Previous criminal convictions/cautions will not necessarily prevent full consideration of your application.

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 <u>contact the UK Border Agency</u> 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 Os | swald's Hospice |       |

- Adhere to St Oswald's Values & Standards of Behaviour
- 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

Full Name:

### **Returning Your Application**

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



volunteer@stoswaldsuk.org

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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