

prevent full consideration of your application.

Volunteer Application Form

What role are you applying for?				Marketing Assistant Volunteer Intern					
				(Pitman Training)					
Personal Details				•					
First Name:			Surn	ame:					
Date of birth			Add	ress:					
Gender									
Email Address: To save method of contacting you		r preferred							
Contact Number(s):									
			Post	Code	2:				
Emergency Cont	act Detail	s							
Name:	Relationship to you: Contact Number:								
Availability – Plea	ase tick all	that appl	У						
	Mon	Tues	Wed		Thurs	Fri	Sat	Sun	
Morning									
Afternoon									
Evening up to 8pm									
Do you want a regula		ent or more fl	exibility	? Reg	gular Commitm	nent F	lexibility		
How long can you vol This information does		outcome of yo	ur applic	cation	n, however it help	s us identify 1	future recruitr	ment needs.	
References - Plea on your suitability to									
	1 st Referee					2 nd Refe	eree		
Name:				Nam	ne:				
Tel:				Tel:					
Email:				Ema	ail:				
Health/Disability	/								
Do you have any heal affect your ability to v	th issues, dis olunteer? YE	abilities or a	dditiona	al sup	oport needs we	should be	aware of tha	t would	
Answering yes mean	s you will be	asked for fur	ther info	ormat	tion when we s	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 o	n you	ur behalf. You v	will be asked	d about any		

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