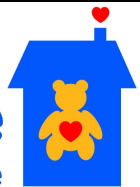


VOLUNTEER APPLICATION FORM

Julia's House
The Dorset Children's Hospice



Personal Details

Title: (Mr/Mrs/Ms/Miss/Other) _____ First Names: _____ Surname _____

Have you or a member of your family been supported by Julia's House now or in the recent past? _____ Yes/No

Address: _____

_____ Post Code _____

Telephone (home): _____

(work): _____

(mobile): _____

E-mail: _____

Next of kin: _____ Relationship: _____ Telephone: _____

Your qualifications: _____

Do you have a current clean full driving licence? _____ Yes/No

How did you hear about the charity? _____

Have you a medical condition that might affect working as a volunteer? _____ Yes/No

If so, please give details: _____

Present situation: (e.g. paid work, studying, caring for dependents, etc) _____

Employment History

Name of Employer (1): _____ Dates (from) _____ (to) _____

Address: _____

_____ Post Code _____

Name of Employer (2): _____ Dates (from) _____ (to) _____

Address: _____

_____ Post Code _____

Skills & Experience: (it is all important) _____

Volunteer Activities (please tick to indicate your preferences)

<u>Practical</u>	<u>Fundraising</u>	<u>Retail</u>	<u>Hospice</u>
<input type="checkbox"/> Set up/take down equipment before or after events <input type="checkbox"/> Driving the Julia's House van <input type="checkbox"/> Office Admin <input type="checkbox"/> Creative design / Posters <input type="checkbox"/> Giving short talks/ presentations about Julia's House to schools/ community groups	<input type="checkbox"/> Receiving cheques or other money <input type="checkbox"/> Helping at planned events <input type="checkbox"/> Stalls/shows <input type="checkbox"/> Refreshments /cake baking <input type="checkbox"/> Tin collecting	<input type="checkbox"/> Broadstone <input type="checkbox"/> Blandford <input type="checkbox"/> Bridport <input type="checkbox"/> Christchurch <input type="checkbox"/> Bransgore <input type="checkbox"/> Ferndown <input type="checkbox"/> Poole <input type="checkbox"/> Wimborne	<input type="checkbox"/> Sibling Days (weekends) <input type="checkbox"/> Helping out in the hospice kitchen <input type="checkbox"/> Gardening
<p>General <input type="checkbox"/> Would you be interested in joining a local friends group?</p>			

Availability (please tick to indicate your availability)

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referees Please supply the names of two referees, these must not be a relative and one should be your most recent or present employer (if possible)

Name (1): _____

Address: _____

_____ **Post Code** _____

Relationship _____ **Telephone** _____

Name (2): _____

Address: _____

_____ **Post Code** _____

Relationship _____ **Telephone** _____

As a condition of volunteering with Julia's House we expect you to attend training/workshop sessions as required. In view of the fact that Julia's House is a Children's Hospice Service, you will come into contact with children and their families. It will be necessary for you to obtain a disclosure document from the Criminal Records Bureau. We will guide you through the simple process. Have you ever been convicted of a criminal offence? (Yes / No) If yes, please give further information (Because of the nature of the work for which you are applying, this post is exempted from the provisions of the Rehabilitations of Offenders legislation. Applicants are therefore not entitled to withhold information about 'spent' or 'unspent' criminal convictions, or where applicable also about conditional discharges, bindovers or cautions.

In view of this requirement, please provide preliminary details, including all relevant dates).

Signature: _____ Date: _____