

# SLH TRADING LTD

## VOLUNTEER APPLICATION FORM

### ST LUKE'S HOSPICE SHOPS/WAREHOUSE

#### PERSONAL INFORMATION

Application for volunteer work in (Shop/Warehouse)

Full name (Capitals Please)

Address:

Postcode:

Telephone Number:

Mobile Number:

Email:

D.O.B.:

Sex: M/F

Next of Kin:

Telephone Number:

Relationship to you.

Do you have a current UK driving licence? Yes/No

Do you have use of a car? Yes/No

Please confirm any convictions, cautions or pending prosecutions, if no convictions, please enter none.

Why have you chosen St Luke's Hospice to become a volunteer?

**PREVIOUS EMPLOYMENT HISTORY**

Job Title:

Employer's Name:

Employers Address:

Employer's Phone Number:

Brief description of duties:

**JOB DESCRIPTION**

All hospice volunteers are required to share in a variety of tasks, a list of the tasks are shown in the Role Profile which accompanies this form.

We have two shifts available to volunteers: **9am - 1pm** and/or **1pm - 4.30pm**

Please state the shifts that would suit you best.

PLEASE CIRCLE THE FOLLOWING.

**MONDAY**                      **AM**                      **PM**

**TUESDAY**                      **AM**                      **PM**

**WEDNESDAY**                      **AM**                      **PM**

**THURSDAY**                      **AM**                      **PM**

**FRIDAY**                      **AM**                      **PM**

**SATURDAY**                      **AM**                      **PM**

## **REFERENCES**

**It is our policy to take up references.**

**Please provide names and addresses of two referees who are responsible persons that have known you well for a period of 2 years or more, but are not relatives.**

**One of these referees must be your previous or most recent employer. You will not be able to start until they are in place.**

1<sup>st</sup>. Name

2<sup>nd</sup> Name

Address

Address

Relationship to you

Relationship to you

## **DATA PROTECTION ACT 1998**

I understand and give my consent that information on this form may be used for monitoring purposes and may be held electronically or in filing systems in accordance with the Data Protection Act 1998.

Declaration: I confirm that to the best of my knowledge the information I have provided is true and correct.

Signed:

Date:

Please return to:-

Cathy Chinn

Volunteer Co-Ordinator

S.L.H. Trading Ltd

Unit 14 Basildon Business Centre

Bentalls

Basildon

Essex

SS14 3FT