

**SWAFFHAM & LITCHAM HOME HOSPICE SUPPORT**

**Volunteer Application Form**

**Confidentiality**

**All information will be treated confidentially.**

Full Name: ..... (Mr/Mrs/Ms/Miss)  
(underline preference) delete as appropriate

Address: .....  
.....

Telephone No: ..... Postcode .....

Date of Birth: ..... Email: .....

In case of emergency, whom should we contact?Name: .....

Telephone No: .....

Are you registered disabled? .....

Are you in good physical and mental health? .....

If not, please give brief details: .....

Occupation: ..... Car Driver? YES / NO

Hobbies / Skills / Interests: .....  
.....

Do you have any present or previous experience of voluntary work? .....

.....  
.....

Why are you interested in being a volunteer? .....

.....  
.....  
.....  
.....

Have you had a major personal loss within the last two years?  
(Redundancy/Bereavement/Divorce/Major Illness)

.....  
.....

Availability – Could you please indicate the times you may be available for voluntary work: -

Day(s) of week: .....

Daytime hours: .....

Evenings: .....

**Due to the nature of our voluntary work with vulnerable adults and in some cases children, it is necessary to ask about criminal convictions.**

Do you have any criminal convictions? .....

*If you are accepted as a volunteer, we would apply for a disclosure of criminal records from the Criminal Records Bureau.*

Please give the names and addresses of two people who know you well and to whom we can write for references:

NAME :  
.....

ADDRESS:  
.....

.....

NAME :  
.....

ADDRESS:  
.....

.....

**Declaration**

I declare that the information on this form is true and complete to the best of my knowledge and belief.

Signed: ..... Date: .....

Please return this form to: Mrs Debbie Harfield  
Co-ordinator  
Swaffham & Litcham Home Hospice Support  
17 – 19 Brocks Road  
EcoTech Park,  
SWAFFHAM,  
PE37 7XG