

Cotswold Care Hospice

Burleigh Lane, Minchinhampton,
Glos. GL5 2PQ

Tel 01453 886868

<http://www.cotswoldcare.org.uk/>

email: suzie.mcdonnell@cotswoldcare.org.uk



Shop Volunteer Application Form

This application form provides us with basic information for our records, which are kept confidential. Thank you for your co-operation.

Title:	Full Name:		
Address:			
Postcode:	Email:		
Tel No:	Mob No:		

Main Occupation: _____

D.O.B.: _____

Retired: Yes/No

Next of Kin:	
Emergency Contact Telephone No:	
Are you registered disabled?	

Please indicate professional qualifications or other relevant experience:

Please give details of previous employment undertaken during the last ten years:

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Please give your reason for offering help? _____

What hours and days would you be available? _____

If accepted as a volunteer, what would you be most interested in doing within the shop?

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Have you suffered a bereavement in the past two years? We would be grateful if you could give brief details. Whilst not wishing to invade your privacy we hope you will appreciate our need to ask this question.

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Signature Date.....

Please name two referees who may be contacted without further reference, one of which should be a previous employer if appropriate. Referees should not be related to you.

Name:	Name:
Address:	Address:
Relationship to you:	Relationship to you:

In order to comply with the National Care Standards Commission, all new volunteers with access to patients will be subject to a Criminal Records Bureau Disclosure.

Two passport size photos are required for our records.

How did you hear about Cotswold Care Hospice?	
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Please return to Suzie McDonnell, Volunteer Co-ordinator at Cotswold Care Hospice.