



VOLUNTARY STAFF APPLICATION FORM

Mr/Mrs/Miss/Ms.....Date of Birth.....

Address.....

.....Post Code.....

Telephone Number Home.....Business.....

Mobile.....E-mail.....

Occupation Past/Present.....

Emergency Contact – Name.....Relationship.....

Telephone Number

EXPERIENCE/SKILLS – Please include any relevant experience/skills

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AVALIABILITY (Please indicate the times you might be able to volunteer)

	Mon	Tue	Wed	Thurs	Fri
Morning					
Afternoon					

How did you hear about Grove House?

Vol Centre

Herts Advertiser

Review

Internet

Word of mouth

Other

Have you had any serious illness in the last five years? (If so what)

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Have you suffered a recent bereavement?

REFERENCES – Please give the names and addresses of two referees who you have known for at least two years. The referees must not be related to you.

Name..... Name.....
Address..... Address.....
.....
Relationship..... Relationship.....
Tel..... Tel.....

These are some of the roles carried out by volunteers, please tick any that interest you:

- | | | | | | |
|-----------------------|--------------------------|----------------------------|--------------------------|---------------------------|--------------------------|
| Driver | <input type="checkbox"/> | Receptionist | <input type="checkbox"/> | Day Hospice Volunteer | <input type="checkbox"/> |
| Gardener | <input type="checkbox"/> | Administration Support | <input type="checkbox"/> | Befriender / Home sitter | <input type="checkbox"/> |
| Fund Raiser | <input type="checkbox"/> | Information & Support | <input type="checkbox"/> | Spiritual & Pastoral Care | <input type="checkbox"/> |
| Counsellor | <input type="checkbox"/> | Arts & crafts and/or music | <input type="checkbox"/> | Complementary Therapist | <input type="checkbox"/> |
| Hairdressing | <input type="checkbox"/> | Chiropody | <input type="checkbox"/> | Shop Volunteer | <input type="checkbox"/> |
| Other, please specify | | | <input type="checkbox"/> | | |

These posts may be subject to the Criminal Records Bureau Disclosure process
Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975

Owing to the vulnerability of people receiving health care, the post applied for is exempt from the provision of section 4 (2) of the Rehabilitation of Offenders Act. Therefore, it is necessary for you to disclose any criminal convictions even if, under the rehabilitation of offenders act, they would be otherwise regarded as 'spent'.

Have you ever been convicted of any criminal offence at any time? Yes No

If 'Yes' please give details on a separate sheet and enclose with the Application Form. Any information received will be treated in **STRICT CONFIDENCE** and will only be considered in relation to this application.

Signature of Applicant.....Date.....
Please return the completed form to:- Wendy Burns, Voluntary Services Manager,
Grove House, Waverley Road, St.Albans. AL3 5QX

Grove House is committed to the fair treatment of all its staff, potential staff, volunteers and users of its services, regardless of race, gender, religion, sexual orientation, responsibilities of dependants, age, physical/mental disability or offending background.