

## Application as a volunteer

Personal information	
Name (Mr/Mrs/Ms/Miss)	First name <span style="float: right;">Last name</span>
Known as	
Address	
Town	
Post Code	
Marital Status	Sex : Male / Female
Age Group Please indicate that you are over 18 Years of age. Yes / No	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail Address	
For general contacts please indicate which method we should use: Phone <input type="checkbox"/> or E-mail <input type="checkbox"/>	

Areas of interest					
Please tell us the general areas in which you are interested in volunteering. Please refer to the guidance notes which detail any specific requirements for particular volunteering opportunities. Indicate your preference; 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> . We cannot guarantee your first preference will be met, however, this will assist us when we consider your placement.					
IN THE HOSPICE	Pref	FUNDRAISING/ADMIN	Pref	IN OUR SHOPS	Pref
Day Care		Telephone + Administration		Operating the Tills & Serving Customers	
In-patients		Event Support		Sorting donated goods	
Driving patients		Money counting		Re-stocking shelves	
Reception		Collections		Administration / telephone work	
Complementary Therapy		Leaflet distribution		Handling Furniture (Kenton Shop only)	
Bereavement Support		Lottery promotion		Cleaning & Tidying Steaming Clothes	
Gardening				Lottery promotion	

**Please indicate your availability each week**

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							
Or number of hours							

We will try to make arrangements as you have requested, however sometimes we have a need for volunteers on specific days or times each week. Would you be able to consider volunteering other than on the days / times that you have indicated? Yes  No

Alternatively, please tick here if you would like to be called upon on an AD HOC BASIS ONLY

**Which shops?** Mark in order of preference (1,2 & 3) if you are volunteering for work in a shop

Burnt Oak		Harrow		Harrow Weald		Kenton	
Kingsbury		Pinner		Rayners Lane		South Harrow	
Stanmore		Wembley					

**Special skills or qualifications**

Qualifications *(if relevant)*

Experience – *an idea of your current or previous working life would be useful to us.*

Skills - *that you are happy to continue to use for our Hospice - for example, can you type, use a computer, do bookkeeping, cook, paint, arrange flowers etc?*

Any other information you think may be useful to us

<b>Person to notify in case of emergency</b>		
Name (Mr/Mrs/Ms/Miss)	<i>First name</i>	<i>Last name</i>
Address		
Town		
Post Code		
Home Phone		
Work Phone		
Mobile number		
Relationship to you		

<b>References</b>		
<p>St. Luke's is entrusted with the care of patients, and volunteers may also handle money or gifts from the public. Please give the names of two people over the age of 18 years, whom we can contact for a reference. They can be friends, neighbours or work colleagues, other volunteers etc., (but not a relative, or your doctor or a member of staff currently working in our Charity Shops.)</p>		
Name (Mr/Mrs/Ms/Miss)	<i>First name</i>	<i>Last name</i>
Address		
Town		
Post Code		
Home Phone		
Relationship to you		
Name (Mr/Mrs/Ms/Miss)	<i>First name</i>	<i>Last name</i>
Address		
Town		
Post Code		
Home Phone		
Relationship to you		

<b>We are interested to know:</b>
<p>To help us, would you please tell us why you chose to volunteer for St. Luke's?</p>

