

# JOHN EASTWOOD HOSPICE VOLUNTARY STAFF REGISTRATION FORM

*Please use block capitals*

Name

Address

Postcode

Home tel no:

Mobile no:

Email address:

Preferred name for badge:

Date of birth:

What skills, qualifications or experiences can you offer?

Why have you chosen to volunteer at the hospice?

What area of work in the hospice are you interested in?

Have you had a bereavement in the last 18 months?    Yes / No

When would you be available?

<u>Day</u>	<u>Morning</u>	<u>Afternoon</u>	<u>Evening</u>
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Because of the nature of the duties for which you are applying, we ask all applicants to reveal any past criminal offences. The Hospice is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of the Offenders Act 1974 (Exemptions) Order 1975. This means that applicants are not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act.

All information given will be strictly confidential and will only be considered in relation to this application.

If there is no necessary information to give us, please write "NO INFORMATION" and sign the form.

Thank you.

Signature

Date

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Disclosure and barring service (DBS) checks will be undertaken for all employees/voluntary staff applying to work in the Hospice.

Please return this form to:

Diane Humphreys  
Hospice Trust Manager  
John Eastwood Hospice  
Mansfield Road  
Sutton In Ashfield  
Nottinghamshire  
NG17 4HJ

Tel: 01623 416840

Email: [diane.humphreys@nottshc.nhs.uk](mailto:diane.humphreys@nottshc.nhs.uk)

We will contact you in due course to arrange an informal meeting