

# COMPTON HOSPICE VOLUNTEER INFORMATION FORM

Registered Charity Number 512387



Tel 0845 2255497 Fax 01902 745232 email [compton-hospice.org.uk](mailto:compton-hospice.org.uk)

## Correspondence details

Title  Forename(s)  Surname

Address

Post Code

Tel. no.

Home  Work  Mobile

E-mail address

## Emergency Contact

Contact Name  Telephone No

Relationship

Please list skills/experience/hobbies/interests that you may wish to bring to the hospice.

Have you done any other voluntary work? If so please give details: -

How often would you be available to volunteer?

Hours

Preferred days

How would you describe your general health?    **Good**     **Fair**     **Poor**

Do you have any physical restrictions that may affect your work?     **Yes**    **No**

Are there any health problems or medication you are taking/have we should know about?  
Please specify

At this point are there any areas of the hospice you feel you would like to work in?

**References:** Please give details of two referees.  
**It is advisable to seek their permission before completing the information.**

Title Name	Title Name
Address	Address
Post Code	Post Code
Tel. no	Tel. no

**Convictions**  
Have you been convicted of a criminal offence? No     Yes

Please Note: - Because of the nature of the volunteer work for which you are applying, this post is exempt from the provisions of the Rehabilitation of Offenders Act 1974 (Exemptions Order 1975) you are therefore not entitled to withhold any information about convictions.

**ANY INFORMATION GIVEN WILL BE KEPT IN CONFIDENCE**

Depending on the area that you work at the Hospice, you will be required to complete a Disclosure Application form. Would you agree to this?

No     Yes

Please use this space provided to detail any other information you may feel relevant.

**Data Protection**  
The Board of Trustees of Compton Hospice is registered under the Data Protection Act 1998 and will keep your personal details in accordance with this Act. By entering into this agreement you consent to the processing of your personal details by us for the sole purpose of managing the object(s) concerned.

If you are in agreement with this please tick the box

Signed..... Date.....

Please return the completed form to Maggie Perry Volunteer Service Manager - Direct Tel No. 01902 774526