



ARDGOWAN HOSPICE

Volunteer Application Form



Name: Address: Tel No:	Next of Kin: Name: Address: Tel No:
Date of Birth:	

Occupation: (if any)	Previous work experience:
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Where did you hear about volunteering for Ardgowan Hospice?

What are your interests, skills or hobbies?

Which of the following volunteering position(s) interest you most?

Domestic kitchen reception hairdressing charity shops fundraising

***patient driving office duties gardening flower arranging**

(*must be car owner and hold a current clean driving licence)

Availability:			
Please indicate when you are available:			
	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
How many hours per week do you expect to be able to offer?			

References:

Please give details of two people who may be contacted to provide references. Your referees should not be related to you.

Name:

Name:

Address:

Address:

Tel No.

Tel No.

In which capacity does
this person know you?

In which capacity does
this person know you?

Are you in good health? **YES/NO**
(If **NO**, please give details)

Do you have a condition that affects your day to day life?

Some background information about you would be helpful, including details of any previous voluntary work you have done:

Have you ever been convicted of a criminal offence? **YES/NO**

If **YES**, details of your conviction will be required and will be treated in the strictest confidence.

In the course of volunteering for Ardgowan Hospice you may come to be in the possession of information of a highly confidential nature. Information concerning patients or relatives must not be divulged to anyone.

SIGNATURE:

Date:

Thank you for taking the time to complete this application form.

Please return it to:

Evelyn Sinclair

Voluntary Services Manager

Ardgowan Hospice

12 Nelson Street, Greenock PA15 1TS

We look forward to hearing from you