



**East Coast Hospice Ltd** Sussex Road Business Centre, Sussex Road, Gorleston-on-Sea, Great Yarmouth NR31 6PF  
 Telephone: 01493 718707 www.eastcoasthospice.org.uk  
 Charity No: 1129631 Company No: 6792702

## Prospective Volunteer Profile

To be completed by anyone wishing to volunteer for East Coast Hospice

<b>Date of Application Form:</b>	
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### Personal details

Full Name			
Address			
Postcode		<b>EMERGENCY CONTACT DETAILS</b>	
Telephone (inc. STD code)		Contact Name	
Mobile		Contact Telephone (inc. STD code)	
Email		Contact Mobile	

### Position Applying for:

*PLEASE TICK ALL THAT APPLY TO YOUR APPLICATION*

SHOP VOLUNTEER	
FUNDRAISING VOLUNTEER	
EVENT VOLUNTEER	
FRIEND	

## Application information

Your availability *(please tick as appropriate)*

Mon		Tues		Weds		Thurs		Fri		Sat		Sun		Varies
am		am		am		am		am		am		am		
pm		pm		pm		pm		pm		pm		pm		

Do you own/ have use of a car?	Yes		No	
Do you have a clean driving license?	Yes		No*	

\* If NO, please provide details

Please provide information to support your application, including details of any other voluntary work past or present.

*Please continue on a separate sheet if you wish*

Do you consider yourself as having a disability?	Yes		No	
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*If yes, please give details of any special access needs at any of our premises or 3<sup>rd</sup> party venues. This may include a carer being present during your volunteering shift, wheel chair access/ ramp etc.*

Yes	No

**Rehabilitation of Offenders Act 1974:** Do you have any unspent convictions?

If Yes, please specify

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*Please note that a conviction will not necessarily exclude you from volunteering with ECH, but will be taken into account when assessing your suitability.*

## References

At least one reference should be obtained from your current employer or your previous employer within the last five years. If not, give the names of people who know you well.

Reference one		Reference two	
Name		Name	
Address		Address	
Telephone		Telephone	
Email		Email	

In what capacity do you know referee one?	In what capacity do you know referee two?

## Declaration

I understand that any offer of volunteering at East Coast Hospice is subject to satisfactory references and binding in honour only.

In accordance with the 1998 Data Protection Act, I agree that ECH may hold and use the personal information about me provided on this application form for volunteering purposes and informing me of updates about the charity. ECH will not pass on personal information to third parties. The information provided can be stored on both manual and electronic files. It will be held securely and only accessed by authorised personnel.

If you do **NOT** wish to receive updates about the charity, please tick here

I confirm that by signing this form, I am 16 years of age, or over.

<b>Signature</b>		<b>Date</b>	
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