

# East Cheshire Hospice Volunteer Application Form

## 1. Personal Details

<b>Title</b>	_____
<b>Full Name</b>	_____
<b>Gender</b>	Male / Female
<b>House Number/ Name</b>	_____
<b>Street Name</b>	_____
<b>Town/ City</b>	_____
<b>Post Code</b>	_____
<b>Home Tel. No</b>	_____
<b>Business Tel. No</b>	_____
<b>Mobile Tel. No</b>	_____
<b>E-mail</b>	_____
<b>Date of Birth</b>	_____
<b>Marital Status</b>	_____
<b>In case of an emergency notify Name</b>	_____
<b>Relationship</b>	_____
<b>Tel. No</b>	_____

## 2. Current / Previous Occupation

a) Are you currently employed? If so,	Yes/ No Full / Part Time
b) What is / was your job?	_____

## 3. Health

a) How would you describe your health, physically and mentally?	Fair/ Good/ Poor
b) Have you had treatment during the last year which may affect a voluntary placement (such as a bad back, hearing, vision or mobility problems)?	_____ _____

## 4. Personal Experience With Death

experienc ed any	Yes/ No
If yes, When?	_____ _____

**5. Experience & Any Relevant Qualifications**

a) What type of work, paid or voluntary have you done in the past?

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b) Give details of any skills, interests, or qualifications you have which you think might be relevant to the work you would like to do with us.

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**6. Availability**

How often would you be available to work as a volunteer?

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Days available (delete appropriately)

Monday    Tuesday    Wednesday    Thursday    Friday                      Saturday    Sunday

Number of hours available (approximate):

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**7. Volunteer Areas Within The Hospice** (Please tick all areas you may be interested in)

Please Note All Areas Are Subject To A Criminal Record Bureau Check

a) Loss & Bereavement Team

b) Clerical, PC skills

c) Complementary Therapies,  
e.g. Hairdressing, Aromatherapy, Reflexology  
(please state area and qualifications)

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d) Day Care  
- General Assistance

- Transporting patients to & from Hospice, using own car

e) Flower Arranging

f) Telephone / Reception duties

g) Ward - General Assistance

h) Garden Maintenance

i) Any Area

**Volunteering in fundraising**

j) Assisting at Shops in Macclesfield or Congleton

k) Serving on groups to organise the  
Annual Fete/Christmas Fair and other events

l) Joining your local support group

- m) Collection Box Monitor
- n) Lottery Department
- o) Making craft items, cakes or goods for events

**8. Reason for Volunteering**

Why did you decide to volunteer to work for the Hospice? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. References** (Please supply the details of two persons willing to be a referee for you, these should not be related to you)

(i) Name/Title \_\_\_\_\_  
House Number/ Name \_\_\_\_\_  
Street \_\_\_\_\_  
Postcode \_\_\_\_\_

(ii) Name/Title \_\_\_\_\_  
House Number/ Name \_\_\_\_\_  
Street \_\_\_\_\_  
Postcode \_\_\_\_\_

**Please return form to:-  
Lynette Granger  
Volunteer Coordinator  
East Cheshire Hospice  
Millbank Drive  
Macclesfield  
SK10 3DR**