

Prospective Volunteer Profile
This form is be used by anyone wishing to volunteer for East Coast Hospice

Date of Application form	:								
Personal details									
Full name									
Address (including Postcode)									
Telephone (Including STD Code)					ct name	y only)			
Mobile				Conta (Including	ct teleph	one			
Email				Conta	ct mobile	€			
Application informat	ion								
Position applied for (If specified)									
Your availability (Please tick as appropriate)	Mon am pm □ □	Tues am pm	Weds am pm	Thurs am pm	Fri am pm	Sat am pm	Sun am pm	Varies	
Information to support your application				ŀ	Please cor	ntinue on a	a separate	e sheet if y	ou wish
Rehabilitation of Offenders Act 1974: Do you have any unspent convictions?									
If yes, please specify Please note that a convi	y ction will r	not neces	sarily excl	lude you fr					yes no □ □
be taken into account wh	ien asses	sing your	suitability						

References

If you have worked in the past five years, at least one reference should be obtained from your last employer. If not, give the names of people who know you well.								
Referee one	Referee two							
Name	Name							
Address	Address							
Tel.	Tel.							
In what capacity do you know referee one?	In what capacity do you know referee two?							
Equal Opportunities Monitoring								
The information in this section is used only for the	nurnoses of ensuring the effectiveness of our Equal							
Opportunities Policy, which is available on request	purposes of ensuring the effectiveness of our Equal t.							
Gender F M Age group <20	21-30 31-50 51-60 61-70 71+							
How would you describe yourself?								
These categories of ethnic origin are recommended by	the Commission for Racial Equality as the most							
	he specific categories may not be appropriate for everyone.							
Asian or Asian British: Black or Black British:								
Indian	Black Caribbean							
Pakistani	Black African							
Bangladeshi □ Any other Asian background	Any other Black background							
(Please specify)	(Please specify)							
	Mixed: □							
White:	Chinaga or other othnic group:							
White British	Chinese or other ethnic group:							
Any other white background	Any other Ethnic background							
(Please specify)	(please specify)							
Do you consider yourself to have a disability/i	impairment? yes no							
If yes, do you have any particular needs in relation your disability/impairment?								
Please discuss these with the Community Fund Raiser								
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 personal information about me for volunteering reasons and to keep in touch with me. This information, including that								
	nd computer files. It will be held securely and only accessed							
by authorised personnel.								
Signature	Date							