

For Office Use Only	Acknowledged	CRB
	References/GP	Commenced
	Entered on database	

CONFIDENTIAL



APPLICATION TO WORK AS A RETAIL VOLUNTEER
Please complete clearly and in block capitals

Mr/Mrs/Miss/Other Surname

First Names Date of Birth

Address

.....

Email address.....

Post Code Telephone No.

Marital Status: Married/Single/Widowed/Divorced Religious Beliefs:

Occupation:

Interests/hobbies:

Next of Kin: Name Relationship.....

Address

Postcode Telephone No

Please tick which shop you would prefer to work in :

- | | | | |
|----------------------------|----------------------|-----------------|-------------|
| Hereford – Holme Lacy Road | Ledbury | Kington | Bromyard |
| Hereford – Folly Lane | Leominster Shop | Presteigne | Ross on Wye |
| Hereford – Cattle Market | Leominster Warehouse | Tenbury Wells | Malvern |
| Hereford – Eign Gate | Hay on Wye | Whitecross Road | |

Please note any retail experience you have or skills that may be helpful:

.....

.....

Please indicate the days and times when you would be available: (Shop hours are normally 9.30 a.m. to 4.30 p.m., although they may vary in different shops). Please tick both boxes if you are able to volunteer for the whole day.

	MON	TUES	WEDS	THURS	FRI	SAT	SUN
9.00am – 1pm							
12.30pm - 4.30pm							

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Name & address of your GP:

.....

Do you suffer from:

Blood Pressure	YES/NO	Diabetes	YES/NO
Heart problems	YES/NO	Epilepsy	YES/NO
Any nervous disorders	YES/NO	Any musco-skeletal problems (inc. back problems)	YES/NO
Diminished vision (for any reason)	YES/NO	Are you taking any medication	YES/NO

Have you within the last two years suffered bereavement amongst your close family or friends? (This will not affect your application, but because of the nature of our charity, it would be helpful if you could disclose this to us).

.....

Do you have your own transport YES/NO

Please give the names of two persons (not family) whom we may contact for references:

Mr, Mrs, Miss, MsMr, Mrs, Miss, Ms.....

Address Address

.....

Postcode Postcode

REHABILITATION OF OFFENDERS ACT 1974

Because of the nature of the work for which you are applying, this post is exempt from the provisions of the Section 4(2) of the Rehabilitation of Offenders Act 1974 (Exemption Orders 1975). Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. Any information given will be treated confidentially.

Signature Date

Please return this form to Nicola Wood, Head of Retail and Trading, St Michael's Hospice, Bartestree, Hereford, HR1 4HA. If you have any queries about this form, or volunteering in one of our shops of at the Hospice, please call Nicola on 01432 851000.