



Volunteer Enrolment Form

Form Returned
 Interview
 References
 Access NI Check
 Placement
 Donorflex No:

_____/_____
_____/_____

Personal Details

Name:			
Address:			
Postcode:			
Tel No.:		Mobile No.:	
Email Address:		Date of Birth:	

Health Statement *(please indicate if you have any health problems or a disability we would need to know)*

Current Status

Employed	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Student	<input type="checkbox"/>	Retired	<input type="checkbox"/>	Other <i>(please specify below)</i>	<input type="checkbox"/>
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Further comment:

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Skills & Experience

Skills and Experience – please tell us about your skills, previous experience and hobbies.

Experience of Volunteer Work

Please tell of us of any previous and/or current volunteer activities you have experience of.



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Return to:
 Andrena Arbuckle
 Volunteer Co-Ordinator
 Foyle Hospice
 61 Culmore Road
 BT48 8JE

Tel No.: (028) 7135 9888
 Mobile: 0759 0354 364
 Email:
 andrena@foylehospice.com

Please tell us why you are interested in volunteering for Foyle Hospice.

Interests - Please indicate which area you interested in volunteering.

Copper Hunt Collector		Gardening		Hairdressing	
Ticket Seller		Building Maintenance		Beauty treatments	
Flag Day		Kitchen		Complementary therapies	
Draw Promoter		Laundry		Occupational therapy	
Shops		Driver		Creative activities, i.e. art, flower arranging, sewing	
General fundraising		Dining room assistant		Administration	

Any other ways in which you feel you could make a contribution.

Commitment – please tell us how much time you can commit, either by indicating the number of hours, i.e. Tuesday 9.00 a.m. – 1.00p.m.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

References – please provide details of 2 people who can be contacted as a reference (over 18 years and not related)

Name		Name	
Address		Address	
Tel No.		Tel. No.	

A Volunteer post with the Hospice is exempt from the provision of Section 4 (2) of the rehabilitation of Offenders' Act 1974. This means that if you a criminal conviction in the past, you should declare this to the Volunteer Co-Ordinator at interview.

I certify that the above information is correct and I hereby consent to my referees being contacted.

Signed: _____

Date: _____

Please be assured that all information provided will be treated in the strictest confidence.