



Registered Charity No. 511592

St. Rocco's Hospice
Lockton Lane
Bewsey
Warrington
WA5 0BW

Tel: 01925 575780

e mail: enquiries@stroccos.org.uk

Application form for volunteers wishing to work at the Hospice

Name. Mr / Mrs / Miss / Ms

Address

.....

Postcode tel. no. (home).....

E mail..... (mobile)

Emergency Contact Name.....tel. no

Which type(s) of volunteer duty are you interested in? *(please circle)*

- | | | |
|--------------|------------------------|---------------------------|
| reception | in patient unit helper | bereavement support |
| clerical | gardening | maintenance |
| fund raising | helping at events | driving (own car/minibus) |

What is your current occupation?.....

Have you done Voluntary Work before? *(please give details)*.....

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Why do you want to become a volunteer for St Rocco's?

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How did you hear about volunteering opportunities at St Rocco's?

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Do you have any other experience which you think would be relevant to this role?

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If you have had any serious operations or illnesses or are disabled this will not bar you from volunteering but please tell us about them so we can accommodate them

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Have you suffered a bereavement of a close relative or friend in the past 12 months?

(please give details)

