



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 voluntary work with St. Rocco's Hospice Shops

Please complete in INK using BLOCK CAPITALS

NameMr / Mrs / Miss / Ms

Address
.....

Postcode..... Tel. no: (home).....

E mail: (mobile)

Emergency Contact Name.....tel. no.....

What is your current occupation?.....

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

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

Have you any experience of retail work?
.....

Would you like to work (please circle)?

in the shops on the furniture van with the recycling team

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

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

(please give details)

Do you have any criminal convictions? * *(please give details)*

.....

*You need not declare spent convictions. All information will be treated in the strictest confidence.
Previous convictions will not necessarily prevent you from becoming a volunteer

please turn over

Where would you prefer to work? *(please circle)*

Birchwood Bridge foot (Furniture) Bridge foot (Ebay) Hood Manor
 Knutsford Rd (Latchford) Longford Street Lymm Stockton Heath

Please tick the days and times you would be willing to work:

| DAY | MORNING | AFTERNOON |
|--------------------------|---------|-----------|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday (Bridgefoot only) | | |

Would you be interested in receiving details of any other volunteering opportunities with St. Rocco's? *(please circle)*

driving maintenance gardening
 helping at events occasional fundraising clerical
 reception inpatient unit bereavement support

Do you have any other skills which you think would benefit the Hospice? yes / no

If yes, please give details

Please give details of two referees *(these must be over 18 and not relatives)*

| | |
|-----------------|-----------------|
| Name | Name |
| Address | Address |
| | |
| Postcode | Postcode..... |
| Telephone | Telephone |
| Signature | Date |

Thank you, we will contact you in the near future.

Please return this form to:
 Karen Pownall
 St. Rocco's Hospice, Lockton Lane, Bewsey, Warrington, WA5 0BW