

Please complete and return to:

Somerset Cancer Care, St Margaret's Somerset Hospice, Heron Drive, Bishops Hull, Taunton, TA1 5HA
Tel: 01823 346952 Email: somersetcancercare@st-margarets-hospice.org.uk

SOMERSET CANCER CARE Volunteer Application Form

PERSONAL INFORMATION

Surname	Mr/Mrs/Ms/Miss/Other
Forenames	Name you like to be known by
Address	
Postcode	
Date of Birth	Tel No (Daytime)
Mobile	Tel No (Evenings)
Email	
Do you hold a current, clean driving licence?	Do you have a car available?

EMERGENCY CONTACT DETAILS

Name	Tel No
Relationship to you	

HEALTH AND FITNESS

Please give details of any health or fitness issues, relevant to the role you are applying for.

Please give some information about your experience of cancer, whether as a patient, carer or in your professional life.

Have you suffered any bereavement in the last 3 years?

GENERAL INFORMATION AND EXPERIENCE

Please give details of your employment history.

Have you any experience of Hospices/Cancer Care and/or working in a voluntary capacity?

Why do you wish to join our volunteer team?

Have you any special hobbies or skills e.g. hairdressing, arts and crafts?

VOLUNTEERING CHOICES

Please indicate in which part of our voluntary team you would be interested in helping.

Somerset Cancer Care:

C.A.F.E. (Cancer Aid for Everyone) Support Groups in:

Taunton	Minehead	Wells	Weston	Yeovil
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Musgrove Park Hospital:

Beacon Centre	Cancer Information & Support Centre	Headwear
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Other ways in which you can provide volunteer support for SCC:

Complementary Therapist for a C.A.F.E. Support Group	Expert Patient/Carer	Fundraising	Driving
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Hospice Inpatient Unit:

Ward Work	Day Centre	Flower Arranging	Reception	Driving
Admin	Complementary Therapy	Bereavement Support	Carer Support	Other

What times would you prefer to volunteer? (please tick all that apply)

	Morning	Afternoon	Evening (Hospice only)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday (Hospice only)			
Sunday (Hospice only)			

REFERENCES

Please give the names and address of two people (not relatives) who can provide a reference.

Name

Address

Postcode

Relationship to you

Name

Address

Postcode

Relationship to you

CRIMINAL RECORDS BUREAU AND IDENTIFICATION CHECKS

Volunteers should note that Somerset Cancer Care / St Margaret's Somerset Hospice are exempt from section 4(2) of the Rehabilitation of Offenders Act 1974. This means that all volunteer roles are subject to a Criminal Records Bureau check. The checks will be done prior to commencement as a volunteer.

To meet Care Quality Commission requirements we will also need to see either your birth certificate, passport, or driving license, plus another form of I.D., a copy of which will be obtained and placed on your personal file.

DATA PROTECTION

The personal details provided will be stored on a computer database and a paper filing system. This will enable us to communicate with volunteers more easily. The information will not be passed to a third party. You have a right to inspect your entry, which can be arranged with the Somerset Cancer Care Lead / Voluntary Services Co-ordinator.

DECLARATION

I certify that, to the best of my knowledge, the information I have given on this form is true and accurate.

Signed

Dated