



ST. MARGARET'S  
Somerset Hospice

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-marg-hospice.org](mailto:somersetcancercare@st-marg-hospice.org)

## SOMERSET CANCER CARE Volunteer Recruitment Form

### **PERSONAL INFORMATION**

Surname: ..... Mr/Mrs/Ms/Miss/Other:.....

Forenames: ..... Name you like to be known by: .....

Date of Birth:.....

Address: .....

..... Post Code: .....

Telephone No: (Day Time) ..... (Evenings) .....

Mobile Phone No: ..... Email Address: .....

Do you hold a current, clean driving licence ..... Car available yes/no

### **EMERGENCY CONTACT**

Name:..... Telephone No.....

Relationship to you.....

### **HEALTH & FITNESS**

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

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

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**Have you suffered any bereavement in the last 3 years?**

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**GENERAL INFORMATION AND EXPERIENCE**

**Please give details of your employment history**

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

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**Why do you wish to join the volunteer team?**

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

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

**Hospice Inpatient Unit:**

Ward Work  Day Centre  Flower Arranging  Reception  Driving

Administration  Complementary therapy  Bereavement Support

Carer Support  Other.....

**Somerset Cancer Care:**

**C.A.F.E. Support Groups:**

Taunton  Minehead  Wells  Weston  Yeovil

**Musgrove Park Hospital:**

Beacon Centre  Cancer Information Centre  Headwear

Driving  Expert Patient  Fundraising

What times would you prefer to work?

	<b>Morning</b>	<b>Afternoon</b>	<b>Evening</b>
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday</b>			
<b>Sunday</b>			

**REFERENCES**

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

Name:.....

Name:.....

Address:.....

Address: .....

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Relationship to you:

Relationship to you:

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**CRIMINAL RECORDS BUREAU AND IDENTIFICATION CHECKS**

Volunteers should note that St Margaret's Somerset Hospice / Somerset Cancer Care 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 national Healthcare Commission requirements we will also need to see your birth certificate and another form of I.D., of which a copy will be kept 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 Voluntary Services Co-ordinator / Somerset Cancer Care Lead.

**DECLARATION**

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

Signed .....

Date.....