

VOLUNTEER APPLICATION FORM

Personal Details

Full Name		Title	
Address inc. post code	Date of Birth *		
	Welsh Speaking?		
	Tel - Home		
	Tel - Mobile		
Email Address			

* You must be over 18 years old for several volunteering roles for insurance purposes

Volunteering Interests - please tick the boxes of the main volunteering activities you are interested in, we have many different roles within these main activities that will be discussed at interview.

- Hafan Menai Day Hospice**
- Charity Shop**
- Driving**
- Fundraising**
- Administration**

Availability

What days/times are you available for volunteering?

How far would you be prepared to travel?

miles from home address

Employment/Volunteering experience and interests (general & relevant to role)

How did you hear about us?

References

Please provide us with the details of **two** referees (not relatives) who have known you for more than two years.

Name		Name	
Address inc. post code		Address inc. post code	
Tel		Tel	
Email		Email	

Your details will be kept in accordance with the Data protection Act 1998/2003. They will be held securely and confidentially.

I declare the information I have provided is true

Applicant Signature	Date
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Please return to:

Hospice at Home Gwynedd and Anglesey, Bodfan, Ysbyty Eryri, Caernarfon, LL55 2YE

01286 662772

Thank you