

**CONFIDENTIAL**

**DOVE COTTAGE TEA ROOM/CHARITY SHOP  
VOLUNTEER APPLICATION FROM**

Thank you for your interest in becoming a volunteer at Dove Cottage Tea Room/Charity shop. Please complete the details below.

NAME.....

ADDRESS.....

.....POSTCODE.....

TEL NO.....MOBILE NO.....

EMAIL.....

CONTACT IN CASE OF EMERGENCY.....

How did you hear about possible volunteer work at Dove Cottage Tea Room/Charity shop?  
.....

What are your reasons for wishing to be considered as a volunteer?.....  
.....

Please give brief details of any volunteer work you have done in the past.....  
.....  
.....

Do you enjoy cooking, making soups, cakes etc?.....

Which days would you be available (please indicate am or pm). Please note the tea room is open from 11am to 3.30pm. Volunteers would be asked to help either in the morning or the afternoon.

Monday..... Tuesday.....  
Wednesday..... Thursday.....  
Friday..... Saturday.....  
Sunday (tea room only charity shop is closed).....

Other - we appreciate you may not wish to volunteer on a weekly basis, especially at weekends. Please state if you are able to perhaps do 1 x Sat/Sun per month etc.

.....

Which area would you prefer to work in

Charity Shop.....

Tea Room - front of house.....

- preparing food etc.....

Other - cleaning, gardening, washing up, DIY etc.....

**TRAINING:** Volunteers are required to undertake some basic training and information sessions (induction). This will be arranged following the receipt of your references.

**HEALTH DECLARATION:** Volunteers must give information on health problems that could put themselves at risk. Please ensure that the enclosed medical enquiry form is completed and returned with your application.

(A disability or health problem will not prevent full consideration of your application).

**REFERENCES:** Please give details of two people to whom we can approach for references (these should not be relatives).

NAME.....

ADDRESS.....

.....

POSTCODE..... TEL NO.....

NAME.....

ADDRESS.....

POSTCODE..... TEL NO.....

**PLEASE SIGN AND DATE THIS FORM AS AN ACCEPTANCE THAT YOU HAVE AGREED TO THE ABOVE REFERENCES BEING FOLLOWED UP.**

**Signed**..... **Date**.....

Please return this form to:

Mrs Chris Gatfield  
Registered Manager  
Dove Cottage Day Hospice  
Canal Lane  
Stathern  
Melton Mowbray  
Leicestershire  
LE14 4EX

**CONFIDENTIAL**

**MEDICAL ENQUIRY**

Employer: Dove Cottage Day Hospice

Position Applied for: .....

**Applicant**

Full Name: Mr/Mrs/Miss/Ms.....

Address.....

.....

Post Code..... Tel No.....

Email.....

Name & Address of GP.....

.....

Your GP will not be approached without your prior consent

**Immunisation/Vaccination Record**

Please indicate whether you have suffered from or have been immunised against: -

	<b>Suffered from</b>	<b>Immunised against</b>	<b>Date</b>
Tuberculosis	Yes/No	Yes/No	.....
Rubella (German Measles)	Yes/No	Yes/No	.....
Hepatitis B	Yes/No	Yes/No	.....
Hepatitis C	Yes/No	Yes/No	.....
HIV	Yes/No	Yes/No	.....
Tetanus	Yes/No	Yes/No	.....
Poliomyelitis	Yes/No	Yes/No	.....
Typhoid	Yes/No	Yes/No	.....
Chicken Pox	Yes/No	Yes/No	.....

**MEDICAL HISTORY**

Is there any information in your medical history that you believe we should be aware of that might put yourself at risk or do you have any allergies? Yes/No

Have you ever failed a medical examination for employment, superannuation, HMS Forces or life insurance purposes? Yes/No

IF ANSWER TO EITHER OF THE ABOVE IS YES, PLEASE GIVE DETAILS HERE

.....

.....

.....

.....

.....

I declare that to the best of my belief that above information is true

Signed.....Date.....