

RICHARD HOUSE VOLUNTEER APPLICATION FORM

First name:

Surname:

Address:

Postcode:

Home telephone:

Mobile phone:

Email address:

Present situation (e.g. paid work, studying, retired):

Do you speak any other languages? YES NO

Where did you hear about volunteering at Richard House?

Where would you like to volunteer? (tick up to 3 boxes)

Family support volunteer

Retail assistant

Beauty therapist and complementary health practitioner

(What shop?)

Collection box coordinator

Receptionist

Bucket collector

Maintenance and gardening assistant

Fundraising events assistant

Housekeeper

Fundraising office support administrator

Why would you like to volunteer for Richard House?

What skills and experience do you have that is relevant to the role(s) you would like to volunteer for?

REFERENCES AND DECLARATION

References

Please provide details of two referees who you have known you for at least two years. Ideally, someone who has known you through work (paid or voluntary) or education. **We cannot accept reference from family members or friends.**

If you have any queries about this section, please contact our human resources team.

Can we contact you references prior to an interview? **Yes** **No**

Referee 1

Name:

Daytime telephone:

Email address:

Postal address:

How long have they known you?

How do they know you?

Referee 2

Name:

Daytime telephone:

Email address:

Postal address:

How long have they known you?

How do they know you?

This form is confidential. By signing this form you give consent to Richard House to hold the details on this form on a database for volunteering purposes only. All information is held in accordance with the Data Protection Act 1998. You have the right to make a formal request in writing for access to personal data held about you to inspect it and have it corrected if it is wrong.

In addition, by signing this form you confirm you are not visiting the UK on a tourist visa.

Your full name

Date

EQUAL OPPORTUNITIES

Date of birth:

Emergency contact details

Name:

Relationship to you:

Telephone:

Address:

Equality Act (2010)

Do you consider yourself to have a long-term health issue? **Yes** **No** **N/A**

Are you registered disabled? **Yes** **No** **N/A**

Ethnic origin

What is your ethnic group? Choose **ONE** option, then tick the appropriate box to indicate your choice.

WHITE	ASIAN/ ASIAN BRITISH	BLACK/ AFRICAN/ CARIBBEAN/ BLACK BRITISH
English Welsh / Scottish / Northern Irish / British Irish	Indian	African
Irish	Pakistani	Caribbean
Gypsy or Irish Traveller	Chinese	Other (Please state)
Other (please state)	Other (Please state)	
MIXED	OTHER ETHNIC GROUPS	
White & Black Caribbean	Arab	
White & Black African	Other (Please state)	
White & Asian		
Other (Please state)		

Have you any relatives currently working or volunteering for Richard House? **Yes** **No**

If yes, please state their name and your relationship with them:

**To submit this form please send to: HR & Volunteering Administrator
Richard House Children's Hospice
Richard House Drive
London
E16 3RG**