

THE SARA LEE TRUST

VOLUNTEER APPLICATION FORM



Full Name			
Address (including Postcode)			
Telephone (including STD code)		Contact name (for emergency use only)	
Mobile		Contact telephone (including STD code)	
Email		Contact mobile	
Are you a car owner? Yes/No		Make:	
Type of Insurance? Comprehensive/Other		Do you have a clean licence? Yes/No	
If no, please give details:			
Do you have a disability as covered by the Disability Act 1995? Yes/No		If yes please give details	
Do you have any problems with your physical or mental health? Yes/No			
If yes, please give details:			
What are your hobbies and interests?			
What skills do you have that you would like to use as a volunteer?			
Have you suffered from any of the following in the last 18 months?			
Bereavement/Divorce/Job Loss/?			
Are you available? Days/Mornings/Afternoon/Evenings/Weekends?			
In an emergency can you be called upon at short notice? Yes/No			

How did you hear about the Sara Lee Trust?

What do you know about the work of the Sara Lee Trust?

Would you like to arrange an informal visit to the Sara Lee Centre? Yes/No

All applicants are required to undertake a Criminal Records Check.

<p>DETAILS OF CRIMINAL CONVICTIONS The volunteering work you are applying for means that, under the Rehabilitation of Offenders Act(1974), you must declare all convictions whether spent or not. A conviction does not necessarily mean that you cannot volunteer for us, but we do need to know.</p> <p>Have you any current or spent criminal convictions? Yes/No If you have answered "Yes" please give details in the space below.</p>	
<p>DATA PROTECTION ACT If you are selected as a volunteer the information you have provided on this form will become part of your volunteer record. Your personal details will be treated as confidential and kept for no longer than is necessary. It will not be disclosed to any other organisation.</p>	

References

Please provide the names and addresses of two people (not related) known to you for over two years as referrees

Mr/Mrs/Ms/Miss/Other	Mr/Mrs/Ms/Miss/Other
Name	Name
Address	Address
Post Code:	Post Code:
We may also require a GP's reference, if you have no objection, please sign below:	
Signature	Date
Doctor's Name	Surgery

Declaration

<p>I agree to abide by the rules and policies of the Sara Lee Trust concerning the duties of volunteers. I understand that anything I hear or learn concerning individual patients during the course of my duties as a volunteer at the Sara Lee Trust or within St Michaels Hospice must be treated in the strictest confidence.</p> <p>I declare that the information given on this form is true and complete to the best of my knowledge and belief</p> <p>Signed: Date:</p>	
--	--

Please return this form to:

The Sara Lee Trust Office Manager
 The Sara Lee Centre, 25 Upper Maze Hill, St Leonards on Sea, East Sussex TN38 0LB