

# Beaumond House Community Hospice

**32 London Road, Newark, Notts, NG24 1TW**

**Tel 01636 610556**

**volunteer@beaumondhouse.co.uk**

**Beaumond House Retail Volunteer Application Form**

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| **First Name** |  |
| **Surname** |  |
| **Date of Birth** |  |
| **Telephone Numbers:*** **Home**
* **Mobile**
 |  |
| **Address****Postcode** |  |
| **Email address** |  |
| **Emergency Contact details*** **Name**
* **Telephone number**
* **Relationship**
 |  |
| **Please tell us why you would like to volunteer at a Beaumond House charity shop.** |  |
| **Please tell us any relevant skills, interests, experience, or knowledge you may have.** |  |
| **Your availability:****(please circle)** | **M T W T F S S AM/PM** |
| **Referees***Please provide us with the names and contact details of two people who can provide a reference for you. Examples can include previous managers, colleagues, support workers, landlords, teachers, or another volunteer but should not include family.*  |
| **Referee 1****Name:****Telephone Number:****Relationship:** | **Referee 2****Name:****Telephone Number:****Relationship:** |
| **Please detail any needs you may have that you would like us to consider if you are successful.**Examples may include mobility, childcare, study related commitments, time you are in the country etc. |
|  |
| **Do you have any health conditions or disabilities we should be aware of?** |
|  |
| **Have you ever been convicted of a criminal offence, been bound over, cautioned, or issued with a final warning or reprimand in the UK or any other country which are not ‘spent’?** |
|  |
| **Are you currently the subject of any police investigations which might lead to a conviction, an order binding you over or a caution in the UK or any other country?** |
|  |
| **Declaration** |
| I declare that to the best of my knowledge the information I have provided is correct.Information given on this form may be entered onto a computer and held and processed in accordance with the terms of the General Data Protection Act (2018). It will be treated in a secure and confidential manner.In signing this form, please note that you are agreeing to references being followed up. |
| **Signature** |  |
| **Print name** |  |
| **Date** |  |

Thank you for completing the Retail Volunteer application form.

**Please return the completed form to the Beaumond House Charity Shop in which you wish to volunteer in.**

**Newark**

Beaumond House Hospice Shop,

11B Stodman St, Newark

NG24 1AN

**Newark**

Shop and Donation Centre

Robin Hood Walk, Newark

NG24 1XH

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**Collingham**

Beaumond House Hospice Shop,

Unit 1 – Cedar House, High Street,

Collingham

NG23 7LB

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**Southwell**

Beaumond House Hospice Shop,

4 Queen Street, Southwell

NG25 0AA