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# Beaumond House Community Hospice

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

**Tel 01636 610556**

[**volunteer@beaumondhouse.co.uk**](mailto:volunteer@beaumondhouse.co.uk)

**Beaumond House Retail Volunteer Application Form**

|  |  |
| --- | --- |
| **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