



Volunteer Application Form

Cruse: Richmond upon Thames Branch

Position Applied For

Title:	First Name		Surname	
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Address	Emails address	
	Telephone Home	
	Telephone Work	
	Telephone mobile	

Where did you hear about this role :

Paid or unpaid work experience: 1..... 2..... 3.....	Dates:..... Dates:..... Dates:.....
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Personal Details (a disability or health problem will not prevent full consideration of your application)

Have you ever suffered from a serious or recurring mental or physical illness YES/NO

If YES give details.....

Do you consider you have a disability YES/NO

If 'Yes', please state the nature of the disability. Would you need any adjustments to be made to carry out this role?.....

Have you had a close personal bereavement in the last 5 years? YES/NO

If yes give details

Please tell us why you want to volunteer for Cruse

What are the qualities you could bring to your volunteering?

What experience could you bring? (Please also mention any relevant qualification you may have)

DISCLOSURE OF CONVICTION (rehabilitation of Offenders Act 1974. Because of the nature of the voluntary work at Cruse you must provide information on all unspent and spent convictions. Previous convictions will not prevent full considerations of you application

Other than a standard motoring fine , have you ever been convicted of a criminal offence YES/NO

If YES details including nature of offence, date, sentence fine etc. are required and **should be included in a separate sealed envelope.** This information will not be disclosed to anyone outside the selection process

Bankruptcy (this will not accept full consideration of your application)

Have you ever been declared bankrupt YES/NO

Have you ever been a Director of a company that has gone into compulsory liquidation YES/NO

If YES to either question please give details in a **separate sealed envelope** as above

Reference One	Reference Two
Name	Name.....
Relationship.....	Relationship.....
Address.....	Address.....
.....
.....
Email.....	Email.....
Telephone	Telephone.....

DATA PROTECTION ACT:

Please be aware that by becoming a volunteer for Cruse Richmond, you are consenting to us holding your information on our volunteer database. You will receive a regular newsletter and other information from us. If you are not happy to receive this , please tick here

DECLARATON : To the best of my knowledge the information I have given is true and correct

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

Please return your form to : Sandra Pullen Cruse Bereavement Care, Richmond upon Thames Branch, c/o 141 Kingsway, Mortlake, SW14 7HN (Please note: Postal address only).