

VOLUNTEER APPLICATION FORM

PERSONAL DETAILS

Surname		Title		Forenames	
Address					
Postcode		Email			
Tel (daytime)		Tel (evening)			

HEALTH

please tick as applicable

It is our policy not to recruit anyone as a volunteer who has received inpatient treatment and certain outpatient treatments for a minimum period of 3 months after treatment has finished.

Have you ever received in/outpatient treatment at Burrswood? (If the answer is yes, please give dates)	Yes		No	
	Dates			

Do you have any medical condition that we need to know about in order to make any necessary adjustments to enable you to volunteer at Burrswood?

It is our policy not to recruit anyone as a volunteer who has had a close relative die at Burrswood in the last twelve months. Please tick if this applies to you and you would like us to consider your application once the twelve month period has elapsed.	
--	--

WHAT YOU CAN OFFER BURRSWOOD

Please give brief details of how you have spent the last few years. Please include (as applicable) voluntary and community activities, care of family and any periods of employment you have had.

Dates	Organisation	Activity

Please give details of any qualifications you have, training you have done or courses you have attended.

VOLUNTEERING AT BURRSWOOD

How much time would you like to commit to Burrswood?
From the literature that you have seen, are there specific areas of volunteering at Burrswood that interest you?
When would you be available to start?
How have you heard of Burrswood?

REFERENCES

Please supply the name of two referees who you would be happy that we contact:
(If you have recently left employment or another voluntary organisation, please give someone from there as one of your referees)

Name		How known to you	
Address			
	Post code		Tel. No.
Email			

Name		How known to you	
Address			
	Post code		Tel. No.
Email			

Criminal Convictions:	<i>please tick as applicable</i>		
Have you ever been convicted of a criminal offence?	Yes		No
If yes, please give details			
The rehabilitation of offenders Act 1974 (exemptions order 1975) provides that in certain circumstances the Act does not apply. As we are CQC registered, the Dorothy Kerin Trust is exempt from compliance with the said Act.			

It is essential that volunteers support and respect the Commission, Vision and Mission of the Trust:
Our commission: To heal the sick, comfort the sorrowing and give faith to the faithless.
Our Vision: <ul style="list-style-type: none"> • the love of Jesus Christ will be cherished at the heart of all we do and encountered by all for whom we care. • we will be known throughout the UK and beyond for offering and delivering a world-leading model of care that is both distinctive and universally respected in giving equal importance to body, mind and spirit. • our financial viability will be assured, so that our openness and accessibility to all who need the care we offer will never be jeopardised for want of resources.
Our mission: Transforming lives through whole-person care.
(N.B. Our Christian faith perspective is <i>offered</i> but <i>never imposed</i> upon those who come seeking our help.)

Signed:

Date:.....

Please return the completed application form to: Haritha Pattabhi – Voluntary Services Co-ordinator
By post (address on the front of the form) or email Haritha.Pattabhi@burrswood.org.uk