hospicemalta
care | compassion | dignity

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VO/0062

VOLUNTEERS' APPLICATION FORM

Name & Surname	Gender
Home Address	Age

Tel. No.	Mobile No.	Next of kin tel no. In case of emergency	ID No.	E-Mail Address

Date of Birth	Nationality	Occupation	Full Time ☐ / Part Time ☐

Hobbies / Interests

Do you have your own transport? Yes ☐ No ☐

Do you have experience in voluntary work? Yes ☐ No ☐

If yes, where and for how long? ____________________

How did you learn about voluntary work at Hospice Malta?

Why would you like to volunteer with Hospice Malta?

When are you available to volunteer? (please specify, days, times etc.)

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Volunteer interest – please tick those areas of volunteering you are interested in

Reception	☐	Administration	☐	PC work	☐
Driving	☐	Hydrotherapy	☐	Day Therapy	☐
Crafts Facilitation	☐	Baking/Cooking	☐	Children's Club	☐
Home Visiting	☐	Hospital Van	☐	Bereavement	☐
Helping at events	☐	Fundraising	☐	Memorial Masses	☐

Are you aware of any allergies / medical conditions which we should be aware of? **Yes** ☐ **No** ☐
(e.g. need of inhaler, insulin shot, allergy shot etc.)

Are there any conditions which may affect your ability to undertake the volunteering activities which you have indicated? **Yes** ☐ **No** ☐

If yes please specify ______________________________

Have you suffered a bereavement of a close relative or friend in the past two years? **Yes** ☐ **No** ☐

Have you or any of your relatives ever used Hospice Malta's services? **Yes** ☐ **No** ☐

Referees *(please indicate details of two persons not related to you, who we may ask for a reference)*

Referee 1
Name: ______________________

Address: ______________________

____

Tel No: __________ Mob No: __________

Referee 2
Name: ______________________

Address: ______________________

____

Tel No: __________ Mob No: __________

We look forward to receiving your application and will ensure that all information provided will be treated as confidential. Your details may be kept on a volunteer database and we may use the data to keep you up to date with other volunteering opportunities and news.

I understand that while volunteering with Hospice Malta, I may gain knowledge or receive information of a highly confidential nature. I therefore commit myself not to disclose any information acquired during my duties.

______________________ ______________________
Signature Date

For office use only

Date of interview	**Interviewed by**	**Will volunteer undertake a volonteering activity?** **Yes** ☐ **No** ☐	Date of Induction Course

Remarks______________________________

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