

**Cruse Bereavement Care**  
**VOLUNTEER APPLICATION FORM**



**IF YOU REQUIRE THIS APPLICATION FORM IN LARGE PRINT, OR ON AUDIO TAPE  
CONTACT CRUSE CENTRAL OFFICE ON: 020 8939 9533**

Surname	
Other Names	
Address	
Postcode	
Email Address	
Telephone Nos: Home Work Mobile Fax No:	
Do you have any specific needs e.g. accessibility	
Why are you interested in volunteering?	<p>Please tick all that apply</p> <p>I want to help others <span style="float: right;"><input type="checkbox"/></span></p> <p>I have spare time and want to use it productively <span style="float: right;"><input type="checkbox"/></span></p> <p>I am interested in voluntary work <span style="float: right;"><input type="checkbox"/></span></p> <p>I have personal experience of bereavement <span style="float: right;"><input type="checkbox"/></span></p> <p>I have personal experience of being supported by Cruse <span style="float: right;"><input type="checkbox"/></span></p> <p>I have referred people to Cruse for support <span style="float: right;"><input type="checkbox"/></span></p> <p>I have skills I can bring to the organisation <span style="float: right;"><input type="checkbox"/></span></p> <p>Any other reasons .....</p>

<p>What skills/ qualities/ experience could you bring to Cruse?</p>	
<p>What areas of work are you interested in?</p>	<p>Working with clients <input type="checkbox"/></p> <p>Administration <input type="checkbox"/></p> <p>Management <input type="checkbox"/></p> <p>Supervision <input type="checkbox"/></p> <p>Training <input type="checkbox"/></p> <p>Income Generation <input type="checkbox"/></p> <p>PR <input type="checkbox"/></p> <p>Any Other ..... <input type="checkbox"/></p>
<p>How did you hear about volunteering with Cruse?</p>	<p>Word of mouth <input type="checkbox"/></p> <p>Advert <input type="checkbox"/></p> <p>I have been supported by Cruse <input type="checkbox"/></p> <p>Posters/leaflets <input type="checkbox"/></p> <p>Internet <input type="checkbox"/></p> <p>Other (Please specify) <input type="checkbox"/></p>
<p>Do you have any criminal convictions/cautions (with the exception of fixed penalty traffic offences?)</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Previous convictions will not prevent full consideration of your application to work with Cruse. All those applying to work directly with clients will be asked to apply for a CRB (Criminal Records Bureau) disclosure in England and Wales and a POCVA check in Northern Ireland. Other applicants can seek a confidential discussion.</p>

<p>Please give the names and contact details of two people who have known you for some time (not relatives) and are willing to act as referees. If possible, one should be from a place of work/organisation where you have volunteered. At least one should have had contact in the last two years.</p>	<p>1<sup>st</sup> Referee  Name:    Address:      Postcode:  Email Address:    Tel Numbers:  Home:  Work:  Mobile:</p> <p>How long has this person known you and in what capacity?</p> <p>2<sup>nd</sup> Referee  Name:    Address:      Postcode:  Email Address:    Tel Numbers:  Home:  Work:  Mobile:</p> <p>How long has this person known you and in what capacity?</p>
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Signed:

Date:

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Please return this form to: Volunteering, Cruse Bereavement Care, PO Box 800, Richmond, TW9 1RG  
*The details provided on this form will not be disclosed to any third party unless required to do so by law.*