

St Catherine's Hospice

Care, compassion and understanding



PATIENT AND FAMILY SUPPORT TEAM VOLUNTEER APPLICATION FORM

Personal Details

Name:		Date of Birth:	
Address:	Post Code		
Tel No. Home:		Mobile No:	
Email:			

Application Information

Time Available	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							
Would you be available at short notice if required?			Yes	No			

Current employment (if applicable)

Why do you want to volunteer at St Catherine's ?

Please continue on a separate sheet if required

What experience do you have in emotionally supporting people?

IN CONFIDENCE

Any relevant Training and Qualifications

Special Interests / Leisure Activities. Tell us something about yourself.

A condition of joining St Catherine's as a Patient and Family Support Team volunteer is that you will undertake an eight week training course on bereavement and loss and to learn about the Hospice and its purpose in the community. You will then be expected to attend regular supervision.

Have you suffered any bereavement within the last 2 years?

Yes

No

If yes please specify

IN CONFIDENCE

References

<p>Referees: Please provide the names and addresses of two referees whom we have permission to contact. <u>These should not be relatives and preferably have known you for at least 2 years</u>, able to testify to your reliability, trustworthiness and suitability for your volunteer role.</p>	
Name:	Name:
Address:	Address:
Tel No:	Tel No:
In what capacity do you know the referee?	In what capacity do you know the referee?

Confidential Information

<p>Due to the nature of St Catherine's work it is our policy to obtain CRB Disclosures for all our Volunteers working at the Hospice as well as two independent references.</p>
<p>Rehabilitation of Offenders Act 1974: <i>Volunteers at the Hospice are exempt from the provision of Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Act (Exceptions) Order 1975.</i></p>
<p>Having a criminal record will not necessarily bar you from volunteering with us, depending on the circumstances and discussion with you. We ask you, therefore, to declare here any previous convictions (spent or unspent). Any information given will be completely confidential and will not necessarily disqualify Volunteers from volunteer work at St. Catherine's Hospice but will be taken into account when assessing your suitability.</p>
<p><i>Please continue on a separate sheet of required</i></p>

VOLUNTARY DECLARATION

Rehabilitation of Offenders Act 1974: Do you have any previous convictions? **YES / NO**

Signed

Volunteer Health Declaration

<p>Do you have a health condition or are you taking medication which may affect your ability to carry out duties at St. Catherine's Hospice?</p>	Yes	No
<p>Note As a condition of acceptance, we will ask your G.P. to sign a statement that you are fit to do the chosen duties. It is a requirement of our insurers that written confirmation as to state of health is required.</p>		
<p>Name and address of G.P.</p>		
<p>If there are any changes to your health that may affect your ability to volunteer, you are obliged to inform the Hospice immediately. Failing to provide this information may invalidate any insurance cover for you provided by St. Catherine's Hospice.</p>		

General Declaration:

<p>I confirm that all the details that I have supplied on this form are true to the best of my knowledge and I recognise that failure to supply the details required or to declare any relevant information may result in my volunteer role with the Hospice being discontinued. I understand that the information on this form will be held securely on the St. Catherine's Hospice computer database and as a paper file.</p>
<p>Signed</p>
<p>Print Name</p>
<p>Date</p>

Return to: Patient & Family Support Team, St Catherine's Hospice, Malthouse Road, Crawley, West Sussex RH10 6BH Tel: 01293 447343
Web: www.stch.org.uk

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