Private & Confidential

**Volunteer Application Form: Hospice & Retail**

**Your Personal Details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | | First Name | |  | | | |
|  |  |  |  | |  | | | |
|  |  |  | Surname | |  | | | |
|  |  | | | | | | | |
| Address |  | | | | | | | |
|  |  | | | | | | | |
| Home Tel Number |  | | | |  | Mobile Number |  |
|  |  | | | | | | | |
| Email |  | | | | | | | |
|  |  | | | | | | | |
| Date of Birth |  | | | We use this to make sure you are over 14 years old  (the minimum age required to volunteer with us) | | | | |
|  |  | | | | | | | |

**Volunteer Role**

|  |  |
| --- | --- |
| What role are you applying for: |  |
| Which hospice site/shop/warehouse: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Time Available** | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

**About You**

Please tell us why you are looking to volunteer with us.

|  |
| --- |
|  |

Please tell us about any relevant qualifications (including what institution) and training.

|  |
| --- |
|  |

Please tell us about your relevant skills and experience (professional, academic or personal).

|  |
| --- |
|  |

**STUDENT COUNSELLORS ONLY**

|  |  |
| --- | --- |
| Please indicate the number of client hours you have to date: |  |
| How many client hours are you hoping to get in this placement? |  |

**Your Health**

|  |
| --- |
| Do you have a health condition or are you taking medication which may affect your ability to volunteer at St. Catherine’s Hospice? *It is important that you tell us about any health issues, including mental health, significant illness, or any disability so that we can establish whether we can provide the relevant support.* |
| No  Yes, details: |
| *If there are any changes to your health that may affect your ability to volunteer, you must let us know immediately. If not, it may invalidate our insurance cover for you.* |

**Rehabilitation of Offenders Act 1974**

|  |
| --- |
| Having a criminal record will not necessarily bar you from volunteering with us. We will discuss any criminal record with you to determine whether it affects your suitability for the role. Any information given will be completely confidential. |
| This role is not exempt from the Rehabilitation of Offenders Act 1974. We only ask applicants to disclose convictions which are not yet spent under the Rehabilitation of Offenders Act 1974. If you are not sure whether your convictions are spent, please contact [Nacro](http://www.nacro.org.uk/resettlement-advice-service/support-for-individuals/jobs-and-volunteering/), the national crime reduction charity, for further advice.  **All applicants declaration**: Do you have any unspent convictions?  Yes No |

**Your Personal Circumstances**

Given the nature of our work, any recent bereavements will be discussed with you to ensure you have had the time and space to grieve and that the role is suitable.

|  |  |
| --- | --- |
| Have you had a bereavement within the last two years? | No Yes, details: |

|  |  |
| --- | --- |
| **References** | |
| Please provide the details of two referees whom we have permission to contact. These should **not** **be relatives** and preferably have known you for at **least 2 years** and able to testify to your suitability for your volunteer role.  One should be a professional reference if you are currently employed or volunteering.  For student counsellors, one must be your course tutor  For students 16 & under, please use your school/college as your only reference | |
| Name: | Name: |
| Address: | Address: |
| Email: | Email: |
| Tel No: | Tel No: |
| In what capacity do you know the referee? | In what capacity do you know the referee? |

**Your Emergency Contact**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title |  | First Name |  | | Last Name |  |
|  |  |  |  | |  |  |
| Address |  | | | | | | |
|  |  | | | | | | |
| Home Number |  | | | Mobile Number |  | |
|  |  | | |  |  |  |
| Relationship to you: | |  | | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How did you find out about volunteering with us?** | | |  | |
| Friend/family | St Catherine's email | | JobCentre | |
| A St Catherine's staff | St Catherine's website | | Diamond Jobs | |
| A St Catherine's volunteer | Our Facebook/Twitter | | Local newspaper | |
| Volunteer Centre/The Do-It website | Poster/leaflet in one of our shops or hospices | | Training Organisation  Other | |
| **Are you hoping to volunteer with us as part of a particular scheme?** | | | | |
| Duke of Edinburgh | | Workability/Aldingbourne Trust | | |
| Community payback/probation | | Work experience through school/college | | |
| Mandatory work placement linked to Jobseekers Allowance e.g. Pinnacle/Seetec | | | | |
| Supported Placement e.g. Prince's Trust/Outset Youth Action | | | |  |
| Other: please specify: | | | | |

**Medical Consent**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Over 16s only, we will ask your G.P. to sign a statement that you are fit to volunteer, to help us ensure you can safely carry out the role you have applied for - this is simply a yes or no statement and will not involve any medical details being disclosed to us.  I understand St Catherine's Hospice will be contacting my G.P. to obtain information pertaining to my medical records and I hereby consent to this information being released. | | | | | | |
| Volunteer  Signature |  | Name | |  | |  |
|  | If you're completing this form electronically, we'll ask you to sign a hard copy later | | | | |  |
| Date of Birth |  | Date | |  | |  |
|  |  |  | |  | |  |
| Name of Doctor |  | | | | |  |
|  |  | |  | |  |  |
| Doctors Address |  | | | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parent/Guardian Consent** | | | | |
| *To be completed for all applicants under the age of 18.*  I hereby consent to individual named above volunteering with St Catherine's Hospice | | | | |
| Parent/Guardian  Signature |  | | | |
|  |  | | | |
| Name |  | Date |  |  |

**General Declaration**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Right to work**: I confirm I have the right to work in the United Kingdom. (This is needed even for volunteering)  **Data Protection:** To the best of my knowledge all the information I have given is true. I understand the information given in this form will only be used by the Company in relation to my volunteering. By signing this declaration I am giving my express consent for you to retain and process this information under current Data Protection Act legislation.    **Confidentiality:** Whilst undertaking volunteering for St Catherine's Hospice, I understand that I may receive confidential information and I **AGREE** that all details and information seen and discussed will remain completely confidential. | | | | |
| Volunteer  Signature |  | | | |
|  | If you're completing this form electronically, we'll ask you to sign a hard copy later | | | |
| Name |  | Date |  |  |
| We would love to tell you more about our work. Please tick the box if you would prefer us not to contact you beyond your volunteering. | | | |  |

**Please return to**:Volunteering Team, St Catherine's Hospice, Malthouse Road, Crawley, RH10 6BH, **or** the Shop you are applying to volunteer in.   
If you have any questions, please contact us on [volunteering@stch.org.uk](mailto:volunteering@stch.org.uk) or 01293 447 351.

Office Use Only: **VO Review** By: Date:  
 **Manager Review** By: Date:

**Equal opportunities monitoring form**

The information will help us ensure our Equal Opportunities Policy is working to the benefit of all our volunteers and help us understand our volunteer needs. We use this anonymous information to understand who is applying for volunteer roles.

Please tick this box if you are not happy for this information to also be stored on your personnel file. This helps us to understand the make-up of our volunteer workforce at any given time and how representative we are of the local community.

Data Protection Act

Information provided by you on the Equal Opportunities monitoring form will be confidential, and stored and used in accordance with the Data Protection Act 1998 for the purposes of equal opportunities only.

Disability - the Equalities Act 2010 defines a disability as a physical or mental impairment, which has a substantial and long-term negative effect on your ability to do normal daily activities.

1. **Do you consider that you have a condition (medical or otherwise) which would be likely to have an effect on your ability to carry out your volunteering?**

No

Yes. If yes - please describe what, if any, reasonable adjustments you would need to enable you to support you during recruitment or while volunteering:

1. **What is your nationality?**
2. **What is your ethnic origin?**

|  |  |  |  |
| --- | --- | --- | --- |
| White  British or Mixed British  English  Northern Irish  Scottish  Welsh  Any other - please state | Asian or Asian British  Pakistan  Indian  Bangladeshi  Chinese  Any other - please state | Black or Black British  African  Caribbean  Any other - please state | Mixed  White and Black Caribbean  White and Asian  White and Black African  Any other please state |
| Other ethnic group, please state: | | | |

1. **What is your gender?**

Male

Female

1. **What is your age?**
2. **To which religion/belief group to you belong?**

|  |  |  |  |
| --- | --- | --- | --- |
| Baha'i  Buddhism  Christian  Hinduism | Islam (Muslim)  Jainism  Judaism  Pagan | Rastafarianism  Sikhism  Zoroastrian | None  Other |

**Thank you**