Private & Confidential

**Volunteer Application Form: Events**

If you're signing up to help at a particular event, please let us know which one:

Event:

**Your Details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | First Name |  | Last Name | |  | |
|  |  |  |  |  | |  | |
| Address |  | | | | | | | |
|  |  | | | | | | | |
| Home Number |  | | Mobile Number |  | | | |
|  |  | |  |  | |  | |
| Email |  | | | | Date of Birth | |  |

**Your Health**

*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.*

|  |  |
| --- | --- |
| Do you have any health conditions that may affect your volunteering? |  |

*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.*

**Your Emergency Contact**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |  |  |

**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.  **Do you have any unspent convictions?**  Yes No |

**Declaration**

* I am aged 14 or over
* I confirm I have the right to work in the United Kingdom. (This is needed even for volunteering)
* I am in good health and able to volunteer
* 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 Hospice in relation to my volunteering. By signing this declaration I am giving my express consent for St Catherine's Hospice to retain and process this information under current Data Protection Act legislation.
* 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.

**Keeping in touch:**

What's your preference for hearing about our other great volunteering opportunities?

I don't want to know about other opportunities to volunteer

Just events around my nearest town

Happy to hear about events across Surrey & Sussex

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 role

|  |  |  |  |
| --- | --- | --- | --- |
| Volunteer  Signature |  | Date: |  |

Internal Use Only

|  |
| --- |
| Notes: |

|  |  |  |  |
| --- | --- | --- | --- |
| Manager/Event Leader Review | Review by: | Role: | Date: |
| Volunteering Team | Checked by: | Role: | Date: |