**Volunteer Application Form: Hospice & Retail**

**Your Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | First Name |  |
|  |  |  | Surname |  |
| Address |  |
| Home Tel |  | Mobile No |  |
| 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 your relevant skills, experience, training or qualifications (professional, academic or personal).  |

**Your Emergency Contact**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | First Name |  | Surname |  |
| Address |  |
| Home No. |  | Mobile No. |  |
| Relationship to you: |  |  |  |

|  |
| --- |
| **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 tutorFor 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? |

**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 |
| [ ]  Supported Placement e.g. Prince's Trust/Outset Youth Action  |
| [ ]  Mandatory work placement linked to Jobseekers Allowance e.g. Pinnacle/Seetec[ ]  Other: please specify:. . |  |

**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? |  |

**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 |

|  |
| --- |
| **Parent/Guardian Consent** |
| The parent or guardian of anyone who volunteers with us, who may be an adult at risk or young person under 18yrs old, is asked to read and sign the following section and to ensure the volunteer understands the information.At St Catherine's Hospice we have a keep safe mechanism in place for adults at risk and young people under 18yrs old in a volunteer role. If when engaged in your volunteering role with St Catherine's you feel unsafe you are encouraged to 'walk out' – to leave your role and to go home or somewhere that you feel safe.  If this needs to happen we ask that, you or your parent/guardian/next of kin contacts the Volunteering Team immediately on 01293447351 and advises us of what has happened.  If it is a weekend, or after 5pm, please contact St Catherine’s on 01293 447333 and ask to be put through to our triage desk and advise them of what has happened.  If you volunteer in one of our retail shops, each shop has a physical manual that has a copy of our safeguarding policies. We encourage you, and your parent or guardian to read the policy and procedure.I hereby consent to the individual named on this application form volunteering with St Catherine's Hospice. |
| Parent/Guardian Signature |  |
| Print Name |  | Date |  |  |

**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, please provide details:  |

**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 St Catherine’s in relation to my volunteering. By signing this declaration I am giving my consent for you to retain and process this information under current Data Protection Act legislation. I understand that the information on this form will be held securely on the St Catherine’s Hospice computer database.**Confidentiality:** As a St Catherine’s Hospice volunteer I will not discuss any confidential information that I have access to as part of my volunteering role. I will not share information by any means to any third party unless I am explicitly authorised to do so. I will not share information in general conversation or use it for my own purposes whilst in my role or once my role has ended.**Keeping in touch:** I agree to the Volunteering Team communicating with me about relevant and important information regarding the hospice and volunteering, including information about relevant volunteering events, updates and invites. |
| VolunteerSignature\* |  |
|  | \*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 or 01293 447 351.

**Health Declaration**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Name |  |
|  |  | Role |  |

Please return this completed declaration with your application form, or bring it with you to your first meeting with a St Catherine’s member of staff.

Please note it is an offence for a person to make a statement which is knowingly false or misleading as part of an application or registration. We ask you to answer truthfully. Current or previous health concerns do not necessarily lead to a decline, it may be that reasonable adjustments and support can be applied.

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you have a health condition that affects you in the following ways or any of the conditions listed:**  | Yes | No | Please give full details including any treatment you are currently receiving or have received.  |
| Any allergies?If yes do you carry and Epipen? |  |  |  |
| May affect your consciousness, make you black out, lose concentration or become confused or disorientated? |  |  |  |
| Any history of epilepsy? |  |  |  |
| Any heart problems or high blood pressure? |  |  |  |
| Any form of diabetes, thyroid or other gland problems? |  |  |  |
| Any form of Asthma, bronchitis, pneumonia or breathing difficulties? |  |  |  |
| Any form of skin irritation, such as eczema, psoriasis or dermatitis? |  |  |  |
| Affects your physical ability i.e. Stamina, walking, balance, bending, kneeling, manual handling? |  |  |  |
| Any problems with back, neck, shoulders, arm, wrists, hands or legs? |  |  |  |
| Any gastric or bowel issues e.g. persistent indigestion, heartburn or bouts of diarrhoea |  |  |  |
| Any issues with bladder or kidneys? |  |  |  |
| Affects your hearing in any way (after correction with any other hearing device)? Please advise if you require a hearing device.  |  |  |  |
| Affects your eyesight in anyway ? (after any lens, surgical correction) |  |  |  |
| Causes depression, anxiety, panic attacks, mood swings, anger, other stress-related or emotional issues? |  |  |  |
| Alcohol or drug dependency or misuse? |  |  |  |
| Any hernia (rupture)? |  |  |  |
| Have you ever been retired from work due to ill health? |  |  |  |
|  | Yes | No | Please give full details, including any treatment you are currently receiving or have received.  |
| Are you currently taking any regular medication? If yes, what for? |  |  |  |
| Are you currently living with a terminal illness? |  |  |  |
| Do you have any other health conditions? |  |  |  |
| Have you suffered a serious accident or an industrial disease which may affect your ability to volunteer?  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Have you had any of the following vaccinations**: (please tick ) | Yes | No | Please provide dates |
| Tetanus |  |  |  |
| Polio |  |  |  |
| Hepatitis A |  |  |  |
| Hepatitis B |  |  |  |
| Covid-19 |  |  |  |

If you have answered ‘YES’ to any of the questions above we may need to seek further information to help with this assessment. As part of this we may need to share the information provided on this form with your GP, as part of helping us to determine your medical suitability.

**Medical Consent - Declaration: Over 16s only**

I certify that to the best of my knowledge the answers to the questions on this form are true and correct. Where a medical condition is disclosed

**I hereby consent** to this form being shared with my GP

**I hereby consent** to St Catherine’s obtaining information pertaining to my fitness to volunteer.

**I hereby consent** to my G.P. to release information to St Catherine's Hospice pertaining to my fitness to volunteer.

**I understand** my GP will sign a statement pertaining to my fitness to volunteer and that this is a simple yes or no statement and will not involve any specific medical details being disclosed.

**I understand** that if I am subsequently found not fit to perform duties as a result of a medical condition I have not declared, then my failure to do so will be taken into consideration in determining my future volunteering with the St Catherine’s.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| VolunteerName |  | Date of Birth |  |  |
|  | If you're completing this form electronically, we'll ask you to sign a hard copy later |  |
| Signature |  | Today’s Date |  |  |
|  |  |  |  |  |
| Name of Doctors Surgery & Address |  |  |

**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.

**General Data Protection Regulations (GDPR)** – Information provided by you on the Equal Opportunities monitoring form will be confidential, and stored anonymously and used in accordance with the **Data Protection Act 2018** 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 [ ]  Prefer not to say

If ‘Yes’ - please describe what condition you have:

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

[ ]  Prefer not to say

[ ]  Other – Please state

1. **Sexual Orientation**

[ ]  Bisexual

[ ]  Gay

[ ]  Heterosexual

[ ]  Lesbian

[ ]  Other

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

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Buddhism[ ]  Christian[ ]  Hinduism | [ ]  Islam (Muslim)[ ]  Judaism[ ]  Sikhism | [ ]  No religion or belief[ ]  Other please state: [ ]  Prefer not to say |  |

**Thank you**