**Volunteer Application Form: Events**

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

**Event**:

**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) | | |

|  |  |
| --- | --- |
| If you're joining us as part of a **work volunteering scheme** or through another group, please let us know which one: |  |

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| **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: |
| ***Covid-19 Vaccine Status*** |
| Please tick this box to confirm you are fully vaccinated against Covid-19 |

*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 | |  | | Surname | |  |
| Address |  | | | | | | | |
| Home No. |  | | | | Mobile No. | |  | |
| Relationship to you: | | |  | | | |  |  |

**Rehabilitation of Offenders Act 1974**

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| 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 |

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| **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 Sign |  | | |
| Print Name |  | Date |  |  |

|  |  |  |  |
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| **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. | | | |
| Volunteer  Signature\* |  | | |
|  | \*If you're completing this form electronically, we'll ask you to sign a hard copy later | | |
| Name |  | Date |  |  |

**Keeping in touch:**

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

I would like to receive e-mails about St Catherine’s work and volunteering opportunities

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