
**Important: Please complete both pages/sides of the form in full. The form can be completed electronically by typing in the appropriate sections or can be printed and completed. If printing and completing by hand, please use black ink.**

**Volunteer Application Form**

***Emergency Contact Details***

Name:

Home Tel No:

Relationship:

Mobile Tel No:

***Personal Information***

Title: Mr/Mrs/Miss/Ms/Dr

Name:

Address Line 1:

Address Line 2:

Post Code: Home Tel No:

Mobile Tel No:

Email Address:

***Why would you like to volunteer at St Cuthbert’s Hospice?***

***Current/Previous Employment/Experience***

Please give a brief outline:

***Health***

*Are you aware of any medical condition/impairment/disability which may impair your ability to volunteer with St Cuthbert’s or to work safely?*

Yes [ ]  No [ ]

*Have you experienced a bereavement in the last 12 months?*

Yes [ ]  No [ ]

***Are there any particular skills you would like to develop by volunteering with the Hospice?***

***Special Skills & Qualifications -*** *Acquired from employment, previous volunteering, or other activities/hobbies which you would like to utilise whilst volunteering with us.*

***Availability -*** Please type/write Y in the boxes to the right to indicate your availability

How often would you like to volunteer? (e.g. weekly, fortnightly)

If your availability is limited (e.g. Term Time only, VISA etc), please outline below dates when you will be available:

***Interests -*** Please indicate your area of interest below, either by writing/typing Y in the relevant box or, if you are interested in more than one area, numbering your preferences, with 1 as your first choice.

***Please note****, roles marked with a \* can only be offered to over 16s. Roles marked with a* ***#*** *require volunteers to have completed or be working towards a relevant qualification.*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Admin/Reception |   |  | Dementia Services/Namaste \* |   |  | Housekeeping/Laundry \* |   |  | Patient Driver/Escort \* |
|  | Coffee Shop |   |  | Development/Fundraising |   |  | In-Patient Unit \* |   |  | Retail Assistant |
|  | Community/Everything In Place |   |  | Gardening |   |  | Kitchen Assistant \* |   |  | Retail Driver \* |
|  | Complementary Therapies \* # |   |  | Hospice Ambassador |   |  | Living Well Centre \* |   |  | Other |
|  | Counselling \* # |   |  | Hospice Events |   |  | Maintenance / DIY |   |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

***Referee 2***

Name:

Address Line 1:

Address Line 2:

Post Code:

Tel No:

Work Email:

Relationship to you:

***Referee 1***

Name:

Address Line 1:

Address Line 2:

Post Code:

Tel No:

Work Email:

Relationship to you:

***References -*** Please provide details of 2 people who have known you for at least 2 years in a **professional capacity** e.g. previous employer, teacher or other professional. Wherever possible, please provide an email address.

If you are interested in volunteering, simply fill in this form and return it to ***volunteers@stcuthbertshospice.com***

Alternatively, you can print and complete the form and post it to:

 HR Department, St Cuthbert’s Hospice, Park House Road, Durham, DH1 3QF

If you’d like more information, please contact the **Volunteer Coordinator** on **0191 374 6169** or visit our website **www.stcuthbertshospice.com**

**If you require this in another format please contact the Human Resources Department**

## ***Declaration***

## ***(Please read and sign the following, a typed signature will be accepted for all forms completed electronically)***

* I certify that to the best of my knowledge the information given on this form is correct.
* If accepted as a volunteer at St Cuthbert’s, I agree to maintain the confidential information of the organisation and its service users (without any time limit).
* I am willing to attend an induction day and any training sessions deemed necessary for my volunteering role.

*The information you provide on this form will be held in accordance with the General Data Protection Regulations and the Data Protection Act 2018.  See our Privacy Notice on our website for more information.*

Name: D.O.B.:

Signed: Date:

***Private & Confidential***

Details entered in this section of the form will remain private and confidential within the HR Department.

## ***Disclosure and Barring Service and Right to Volunteer Checks***

Some volunteering positions at the Hospice are subject to disclosure checks under the Police Act (section 5) and as a requirement of the Care Quality Commission. You will be required to provide original documentary evidence for proof of identity purposes should we require this check. You will be required to provide proof that you have the right to volunteer in the UK.

## ***Rehabilitation of Offenders Act 1974***

The provision of the Section 4(a) of the Rehabilitation of Offenders Act (exemptions) Order 1975 applies to all applicants other than those applying to volunteer in nursing/medical roles and roles involving access to children. If you are applying for a volunteer role in one of these categories you must disclose all (or any) conviction, no matter where and when they occurred.

Having a conviction will not necessarily stop you from volunteering but will need to be taken into consideration when assessing your suitability.

**Have you had any court convictions other than spent convictions under the Rehabilitation of Offenders Act 1974 or are any proceedings pending? Yes** [ ]  **No** [ ]

(If yes, please give brief details):

***Where You Heard About Us***

Please indicate where you heard about volunteering with us:

|  |  |  |
| --- | --- | --- |
| [ ]  Charity Shop | [ ]  Hospice Website | [ ]  Social Media |
| [ ]  External Publication | [ ]  Personal Connection | [ ]  Volunteer Centre/Do-It.org |
| [ ]  Hospice Event | [ ]  School/College/University | [ ]  Word of Mouth |
| [ ]  Hospice Publication | [ ]  Other *(please specify)*   |