

# VOLUNTEER APPLICATION FORM



Please complete using black or blue ink.

<b>For VSD use</b> VSD contact: Position discussed/applied for:
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Title:	Forenames:	Surname:
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Telephone number:	Mobile number:
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Email address:
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How will you travel to the Hospice:
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Address:
Post code:

Please state the days of the week / weekend that you are available and the amount of time you can give to do the volunteering discussed with you:

Please provide a next of kin in case of an emergency.

Full name:	Relationship:
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Telephone number:	Mobile number:
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N.B. You will need to inform the Voluntary Services Department of any future changes in your personal details.

Please be advised that If you are not a permanent resident of the UK, or are temporarily studying in the UK you may need to check with the UK Border Agency website to ensure you are legally able to volunteer in the UK.

## DATA PROTECTION

Great care will be exercised to preserve the confidentiality of applicants to meet the requirements of the current Act. No information is revealed to any other organisation. Some of your personal details will be held on the Hospice's central database. Your details will be confidentially recorded and protected. Some information will be used anonymously so we can monitor our compliance with the law and best practice in terms of equal opportunity and non-discrimination. Please tick the box to confirm you have read and understood this statement. Thank you.

## Occupation and Skills

We would be pleased to know about present and previous employment details (including company names); also if you are a house wife/house husband, mature student (please include university/college names), retired or if currently unemployed (information regarding past occupations/experiences welcomed):

Please tell us why you wish to be a volunteer with the Hospice organisation:

If you have particular skills, which could be of use or help, e.g. I.T., hairdressing, chiropody, foreign languages, play a musical instrument; please provide details:

Please tell us about your leisure activities:

Following your interview with the Voluntary Services Department you may also need to be seen by a member of another department i.e. where you will be volunteering.

Please indicate below your availability to attend for interview; ticking all possible days and times  
N.B. some departments may not be available to meet you in the evening or at the weekend.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Also, if you have known holiday dates when you would NOT be available for interview, and would like to advise us of this/these please provide the start and finish dates:

## Personal/medical information

The information you supply will be regarded as confidential and only be passed to senior Hospice staff on a 'need to know' basis.

Unless you advise the Voluntary Services Department to the contrary, it will be assumed that you are in good general health, managing any hearing or sight defect as required i.e. hearing aid, spectacles/contact lenses.

You may wish to advise the Hospice of some medical details such as serious allergies, angina or heart conditions etc which may be aggravated by doing some tasks. Please provide any information you wish to below:

Please state if you are Registered Disabled and provide details to help us ensure your safety whilst volunteering:

Whilst not wishing to invade your privacy we hope you will appreciate our need to ask whether you have experienced a bereavement or family crisis, which could make volunteering within certain areas of the Hospice difficult for you, or may mean that some volunteering roles will not be possible until a certain period of time has passed. Please provide brief details, including the year(s). Also, if a loved one received care from Saint Francis Hospice you might wish to include this, here, as well.

## References

Part of the volunteer recruitment procedure is for the Hospice to obtain two references. Please give details of two people, who know you well, who can be approached. Please Note: immediate family members are not eligible; but they do not have to be present or past employers. Please print all details clearly.

1.

Title:	First name:	Surname:
Email address:	Mobile number:	
Capacity in which referee knows you:	Address:	
	Post code:	

## 2.

Title:	First name:	Surname:
Email address:	Mobile number:	
Capacity in which referee knows you:	Address:	
	Post code:	

### **Criminal Record Checks – Disclosure and Barring Service**

Saint Francis Hospice is exempt from the Rehabilitation of Offenders Act 1974, which means that people helping the Hospice service are required to declare any Cautions / Prosecutions / Convictions including those which would be considered as “spent” under this Act.

If you have information to declare this should be submitted with this application form in a separate envelope marked ‘Confidential’ and addressed to the ‘Voluntary Services Manager’. Any information provided will be treated in the strictest confidence and only considered in relation to its relevance to the volunteering position being applied for.

If information provided needs to be shared with another member of Hospice staff, the Voluntary Services Manager will contact the prospective volunteer and explain the process and reason for the need to share.

With regard to a volunteer position, for which a criminal record check is required, whether it be because of a requirement of the Care Quality Commission and/or because of the type of role itself, then a person may only volunteer for that role if they receive satisfactory DBS clearance.

Any discrepancy between the information supplied by the prospective volunteer and the information contained within the DBS disclosure may lead to the withdrawal of the volunteer position being offered.

I declare I have read and understood the above information regarding the Hospice being exempt from the Rehabilitation of Offenders Act; and that regarding a criminal record check if required. I understand that any withheld information, false or misleading answer could constitute as grounds for the Hospice not offering me or withdrawing from me a volunteering position.

Signature:	Date:
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If you download and complete, please return to this address:

Volunteer Services Hub  
Saint Francis Hospice  
The Hall  
Havering-atte-Bower  
Romford  
RM4 1QH

Mark the envelope as ‘**Private & Confidential**’. If sending by email: [volunteering@sfh.org.uk](mailto:volunteering@sfh.org.uk)