

# VOLUNTEER APPLICATION FORM



Please complete using black or blue ink.

I am interested in the following role/s I have seen:

You can leave this box blank if you prefer to hear about all possible volunteering opportunities with our organisation.

Title:	Forenames:	Surname:
Telephone number:	Mobile number:	
Email address:	Address:	
How will you travel to the Hospice:	Post code:	Date of birth:

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

First name:	Relationship:
Telephone number:	Mobile number:

N.B. You will need to inform the Volunteer Services Hub 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 or organisation names); also if you are a stay at home spouse or partner, mature student (please include university/college names), retired or if currently unemployed (information regarding past occupations/experiences welcomed). Qualifications can be listed here, or you may prefer to attach your CV.

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:

It will be helpful for the hospice to know about the amount of time you feel able to offer. Therefore please tick in the boxes below to provide all the possible days of the week/weekend, along with the time during the day/evening you can volunteer. If there are specific start or finish times you need to advise us of please include these:

	Mon	Tues	Wed	Thurs	Fri	Sat
Between 9.30am and 12noon						
Between 2pm and 5pm						
Between 5pm and 7pm						

If you feel unable to make a regular commitment i.e. would only be able to help us occasionally, please provide details:

## Personal/medical Information

The information you supply will be regarded as confidential and only passed to senior Hospice staff outside of the Volunteer Services Hub on a 'need to know' basis.

Unless you advise the Volunteer Services Hub 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 the role comes under the description of a ‘regulated activity’, 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 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 downloaded and printed off, or is in paper version, please return to this address:

Volunteer Services Hub  
Saint Francis Hospice  
The Hall  
Havering-atte-Bower  
Romford  
RM4 1QH - - marking the envelope as **‘Private & Confidential’**

If completed electronically, or being scanned, please email to: **volunteering@sfh.org.uk**