

VOLUNTEER APPLICATION FORM

FOR THE INCOME GENERATING TEAM



Thank you for your interest in Saint Francis Hospice! Without our team of dedicated volunteers we wouldn't be able to carry out our vital services to the local community free of charge. You help to make this possible. Please complete the form in BLOCK CAPITAL LETTERS.

Title:	First name:	Surname:
Telephone number:	Mobile number:	
Email address:	Address:	
Some of our volunteering roles have a minimum age requirement. Please provide your date of birth:	Post code:	

Please provide a Next of Kin, in case of an emergency.

Full name:	Relationship:
Telephone number:	Mobile number:

Yes, I would like to help raise vital funds for Saint Francis Hospice.

Base where volunteering:	Preferred base request:
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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.

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

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
PM							

Have you ever been convicted of a criminal offence? If so please give details of any unspent convictions. Spent convictions do not have to be declared as the job is not one covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

Having a criminal record will not necessarily bar you from working with us. This will depend on the nature of the position and the circumstances and background of your offence. All information will be treated in confidence.

If you become a volunteer with us you must consent to us processing and storing your personal information in our personal database. We will not pass your personal information on to any other third party. You have the choice to opt out from receiving further communications from us. If you do not want to be included in our fundraising and supporter's mailing lists please tick this box:

References

As part of the hospice volunteer recruitment procedure, we require two different references. For an immediate start, a verbal reference will be obtained. Please give two references who can be approached. Please complete in BLOCK CAPITAL LETTERS.

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:	

For Managers use only:

If the volunteer was referred by an agency, please enter the name of the agency:	Data reference:	Sent:
	Data reference:	Received:
	Ref 1:	
	Ref 2:	
Interview date:	Start date:	Follow-up date:
Satisfactory verbal references obtained: Yes: No: Please indicate by circling reference number: 1 2 or both	Comments:	
Manager's signature:		
Name in capitals:		
Site:		
Reason for leaving:		

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.