**Volunteer Application Form**

Thank you for your interest in becoming a volunteer. Our committed team of volunteers is essential to our work and we could not operate without the kind and generous commitment that people make. Please complete the form as fully as possible and write clearly.

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| How did you hear about volunteering for the hospice? |  |

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| **Personal details:** | | | |
| Title: |  | Last name: |  |
| First name(s): |  | Name you prefer to be known by |  |
| Home address & postcode: | Address:  Postcode: | | |
| Home tel no: |  | Mobile no: |  |
| Email: |  | | |

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| **Further information:** | |
| Please give details of any qualifications and/or experience you have: |  |
| Please summarise any current and/or previous occupation(s): |  |
| Have you undertaken any previous/current volunteering? |  |
| Are you involved in any activities within your community? |  |
| Do you have any hobbies, interests or specialised knowledge? |  |

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| **Availability:** | |
| How frequently would you like to volunteer?  (e.g. 3 hrs a week, 1 day a week, or on an ad hoc basis with no regular commitment.)  Please note, some roles require minimum time commitments and/or availability at particular times of the week. We will discuss specific requirements with you, depending upon which roles you are interested in. |  |

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| **Please indicate any days/times that you want to be available:** | | | | | | | | |
|  | Mon | Tues | Wed | Thur | Fri | Sat | Sun | Flexible |
| Morning |  |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |  |

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| **Volunteer opportunities:**  Please indicate any areas you feel you might want to be involved in. Please note that we will require you to attend an induction and relevant training for any role you are offered, at the outset and on an ongoing basis as appropriate. | | | | | |
| Counselling |  | Patient transport |  | Fundraising |  |
| Patient support |  | IT |  | Administration |  |
| Family support |  | Beauty therapy |  | Marketing |  |
| Kitchen support & catering |  | Complementary therapy |  | Facilities (incl. porters, events help, laundry, general maintenance, painting & decorating) |  |
| Lottery |  | Reception & welcoming visitors |  | Occupational therapy |  |
| Hairdressing |  | Gardening |  | Other |  |
| Which hospice site is convenient for you to volunteer in? | | | Deer Park, Newport, Barnstaple  The Long House, Dobles Lane, Holsworthy | | |

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| **Volunteer opportunities in retail:** | | | | | |
| Administration | |  | Van crew | |  |
| Online trading | |  | Sales assistant | |  |
| Warehouse | |  | Donation sorting | |  |
| Which retail locations are convenient for you to volunteer in? | Barnstaple Furniture Centre  Barnstaple, High Street Shop  Barnstaple, Joy Street Shop  Barnstaple Queen Street Shop  Bideford Shop  Braunton Shop | | | Holsworthy Shop  Holsworthy Furniture Centre  Ilfracombe Shop  Lynton Shop  Torrington Shop  South Molton Shop | |

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| **To help us:** | | |
| Young workers – to ensure the hospice meets its legal requirements regarding responsibilities for young workers, please confirm which age group you are in: | 14-16 |  |
| 16-18 |  |
| 18 and older |  |
| Please let us know if you consider yourself to have a disability or have any health issues we should be aware of and if there are any reasonable adjustments you require to carry out your voluntary role: |  | |
| Please tell us about any bereavements you have had in the last two years: |  | |

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| **To help us:** Please tell us why you would like to volunteer for the hospice and state any past experience that might be relevant: |
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| **References:** Because of the sensitive nature of the work we do, we require volunteers to provide two referees willing to provide you with a reference. Please supply names, addresses and email addresses of two independent people, not a family member that you have known for at least two years: | | | |
| Name: |  | Name: |  |
| Address & postcode: |  | Address & postcode: |  |
| Email: |  | Email: |  |
| Telephone: |  | Telephone: |  |
| Relationship: |  | Relationship: |  |

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| **GDPR (General Data Protection Regulation) Volunteer Recruitment Statement** |
| By submitting this application form to North Devon Hospice you are consenting to the processing and storage of your personal data in order that you can progress through our volunteer recruitment process.  We will never sell your data however we are obliged by law to inform you that should we be required to we may share your data with external agencies. This may include but is not limited to Acevo / UCheck (a service for managing and processing Disclosure & Barring Service clearance applications) and other government agencies. We will also, as required, contact those individuals named as your referees to confirm your suitability for the role(s) you are applying for.  Your data will only be used for your volunteering role and to comply with our statutory and legal obligations.  If your application is unsuccessful we will retain your information for 12 months; after this date it will be safely destroyed.  If your application is successful we will retain your information for the duration of your commitment and up to 6 years after you cease volunteering.  Please refer to North Devon Hospice’s Privacy Notice for Staff and Volunteers for more information. |

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| **Confidentiality and Declaration:** |
| All matters relating to North Devon Hospice must be kept confidential and any breach may result in the cancellation of your voluntary role.    **Criminal Record Disclosures**  Some volunteer roles, particularly those involving contact with vulnerable people, require a DBS check to be carried out. For those wishing to apply for this type of volunteering opportunity you will be asked to complete an additional declaration, prior to a DBS check. Each volunteer role description indicates whether there is a need for such a check. A DBS check is not required for those wishing to volunteer within retail.  The hospice has a policy on the recruitment of ex-offenders. Having a criminal record does not necessarily prevent you from volunteering for the hospice, however if you have any convictions which you think we should be aware of, please inform us on a separate sheet of paper.  ‘I confirm that the information on this form is true and complete to the best of my knowledge. I acknowledge that dishonesty or the giving of incorrect information on purpose may render this application invalid.’  Signed:  *(If you are completing and submitting this form electronically then printing your name below will act as your signature to confirm your agreement with the above statement)*  Print Name:  Date: |

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| **Thank you for taking the time to apply to become a volunteer for North Devon Hospice.**    **Please return your completed form to: Volunteering Office, North Devon Hospice, Deer Park, Newport, Barnstaple, Devon, EX32 0HU or by email to:**  [**volunteering@northdevonhospice.org.uk**](mailto:volunteering@northdevonhospice.org.uk)  **If you have any queries or wish to discuss anything in more detail, please call:**  **Susan Friend, Volunteer Coordinator on 01271 347226, or**  **Grayson Fuller, Volunteer Administrator on 01271 347227.** |