**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? |       |
| I confirm I am legally eligible to work in the UK(evidence of this will be requested for successful candidates) | YES [ ]  NO [ ]  |

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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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| **References:** Because of the sensitive nature of our work, we require you to provide details of two people willing to provide you with a reference. Your referees should be someone independent who has known you for at least two years (not a family member). Wherever possible, please ensure you include email details. Emailing referees helps us to speed up your application and reduce costs.  |
| Name: |  | Name:  |  |
| Address & postcode: |  | Address & postcode: |  |
| Email:  |  | Email:  |  |
| Telephone:  |       | Telephone:  |       |
| How is this person known to you? |  | How is this person known to you? |  |

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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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| **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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| **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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| **Availability:**  |
| How frequently would you like to volunteer? (e.g. 3 hours 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 | Thurs | 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, Northgate Shop [ ] Barnstaple, Joy Street Shop [ ] Barnstaple No 9 High St [ ] Bideford Shop [ ] Braunton Shop [ ]  | Holsworthy Shop [ ] Holsworthy Furniture Centre [ ] Ilfracombe Shop [ ] Lynton Shop [ ] Torrington Shop [ ] South Molton Shop [ ]  |

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| **Criminal Record Disclosures and Convictions:**  |
|  **Criminal Record Disclosures**Some volunteer roles, particularly those involving contact with vulnerable people, require a Disclosure and Barring Service (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. **Convictions**North Devon Hospice has a duty to provide a safe environment for patients, staff, volunteers and visitors as well as legal and organisational obligations. The hospice undertakes not to discriminate unfairly against anyone on the basis of a criminal record, conviction or other information revealed in this declaration. The disclosure of a criminal record or other offences will not necessarily bar an applicant from volunteering. In all such cases, the relevance of the criminal record will be weighed against the potential risks to the hospice. Failure to disclose previous convictions and/or cautions could result in the withdrawal of an offer of volunteering. Any information will be treated in the strictest confidence and will only be taken into account where relevant to the post. The information you provide will only be seen by those who need to see it as part of the recruitment process. Please refer to the Rehabilitation of Offenders Policy on our website for further information.Are you currently bound over or do you have any current UNSPENT convictions that have been issued by a Court or Court-Marshal in the United Kingdom or in any other country?If yes, please give details (date and conviction)     Do you have any UNSPENT cautions, reprimands or final warnings in the United Kingdom or in any other country?If yes, please give details (date and information)      |

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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.  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.  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.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. **By signing this form:** * you declare that the information on this form is correct and complete to the best of your knowledge
* you acknowledge that dishonesty or the giving of incorrect information deliberately may render this application invalid and any volunteering role may be cancelled

 **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 applying to become a volunteer for North Devon Hospice. Please return your completed form to: Volunteers Office, North Devon Hospice,****Deer Park, Newport, Barnstaple, Devon, EX32 0HU** **or by email to:** **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**  |