



## VOLUNTEER APPLICATION FORM

### PERSONAL DETAILS

Title: (Mr/Mrs/Miss/Ms) .....	
Forename: .....	Surname:.....
Address: .....	
.....	Postcode: .....
Tel No (home): .....	Tel No (work): .....
Mobile: .....	E-mail: .....
<b>(Please note volunteers must be over 16 years old)</b> D.O.B .....	
<b>Emergency Contact:</b>	
Name: .....	Relationship: .....
Contact No: .....	

### RELEVANT EMPLOYMENT

Please state below any present or previous employment which you feel is relevant to working within a hospice environment (please state whether present or previous)

## **QUALIFICATIONS & SKILLS**

What qualifications and skills do you have? Don't forget the skills you have gained acquired from employment and through activities and hobbies.

Please state the reason for your interest in volunteering at St Benedict's Hospice

Please give details of any previous voluntary work you may have done

Please give details of any hobbies or interests which you would like to utilise by volunteering (e.g arts and crafts, music therapy, reading and writing for patients, assisting making memory boxes etc.

Please indicate any bereavement you may have experienced in your family over the last year *(We recommend that volunteers who have had a recent bereavement do not volunteer within the hospice setting for at least a year, although each application will be considered on an individual basis).*

# VOLUNTEERING WITHIN HOSPICE SERVICE

**Please indicate in which areas you would be willing to work**

*NB Staff commit a great deal of time and effort to volunteer recruitment, induction and training.*

*Therefore we ask that anyone applying to become a volunteer should be able to commit to one shift per week for at least 6 months – 1 year.*

In-patient unit  Day Care  Volunteer Visitor (In-patient unit)   
 Admin/Reception  Garden

Please tick **all** shifts below which you would be available to cover on a weekly basis.

<b><u>IN-PATIENT UNIT VOLUNTEER SHIFTS</u></b>	<b>BREAKFASTS @ 8:00 – 10:00 am</b>	<b>MORNING/LUNCHES @ 11:15 am – 1:15 pm</b>	<b>AFTERNOON @ 2:00 – 4:00 pm</b>	<b>EVENING @ 4:30 – 6:00 pm</b>
<b>MONDAY</b>				
<b>TUESDAY</b>				
<b>WEDNESDAY</b>				
<b>THURSDAY</b>				
<b>FRIDAY</b>				
<b>SATURDAY</b>				
<b>SUNDAY</b>				

<b><u>DAY CARE UNIT VOLUNTEER SHIFTS</u></b>	<b>AM @ 10:00 am – 1:00 pm</b>	<b>PM @ 1:00 pm – 4:00 pm</b>	<b>Tick if you could cover all day? 10:00am – 4:00 pm</b>
<b>MONDAY</b>			
<b>TUESDAY</b>			
<b>WEDNESDAY</b>			
<b>THURSDAY</b>			
<b>FRIDAY</b>			

For areas other than In-patient unit or day care, please indicate the day and time you would be available:

<b>AREA</b>	<b>DAY(S) AVAILABLE ON WEEKLY BASIS</b>	<b>TIME AVAILABLE</b>
Volunteer Visitor		
Admin/reception		
Garden		

# VOLUNTEERING WITHIN FUNDRAISING/RETAIL

## Areas of Interest within fundraising/retail at St. Benedict's Hospice

	Administration		Servicing collecting boxes
	Assisting in Bistro Café/Gift Shop *		Working in retail charity shop *
	Working in Magistrates Tea Bar *		Sorting of charity shop stock *
	Collection of charity shop donations		Marshalling at events
	Manning stalls/selling stock		Driving *
	Transport *		Distributing seasonal stock
	Event set up/clearing away		Ambassador/Support Group

### How often would you like to help?

Rarely   
  Occasionally   
  Weekly   
  Fortnightly   
  As and when required

For roles marked with \* please let us know which days of the week suit you best

Day	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Do you have your own Transport: Y/N .....

Do you belong to any Clubs/Organisations? .....

Does your group require public speakers? .....

## REFERENCES

Please give names and addresses of 2 people who we can write to for a character reference. This can be a previous employer or a friend or neighbour but must **not** be a relative.

NAME	ADDRESS	CONTACT NUMBER(S)
1)		Tel:  Fax:  E-mail:
2)		Tel:  Fax:  E-mail:

## REHABILITATION OF OFFENDERS ACT

Because of the nature of the work for which you are applying, this post is exempt from the provision of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1975 (Exceptions) Amendment Order 1986.

You are therefore not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act, and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Trust.

Any information given will be completely confidential. If you have been convicted of a criminal offence please state the date and the offence for which you were convicted.

Have you EVER been convicted of an offence or received a formal caution/bound over order?

Yes

No

If YES, please give details below:

**NB If you wish you may provide details in a separate envelope marked 'Private & Confidential'**

Since volunteering within St Benedict's will involve you working with and caring for vulnerable adults you will be required to consent to an enhanced disclosure (under the provision of the Police Act 1997.)

## DECLARATION

I certify that to the best of my knowledge the information I have given on the application form is true and correct I understand that any false information given on this form may render the offer of voluntary work invalid and lead to termination of services at anytime. I also understand that the appointment is subject to satisfactory medical clearance and disclosure from the Criminal Records Bureau (where appropriate).

Signed: ..... Date: .....

St Benedict's Hospice aims to be an Equal Opportunities Employer and operates No Smoking and No Alcohol Policies.

**This information is held either in the Volunteer's personal file or the volunteer database. Access to this information is restricted in accordance with the principles of the Data Protection Act. If you have any queries regarding the retention of this information please write to the Volunteer Co-ordinator at the address given on front of application form.**