**VOLUNTEER APPLICATION FORM  
Personal Details**

|  |  |  |
| --- | --- | --- |
| Title: | First Name: | |
| Surname: | Date of Birth: | If under 18 see note below\* |
| **\*Please note that if you are under the age of 18 years a parental consent form will need to be completed before your application can be processed** | | |
| Address: | | |
| Town: | Postcode: | |
| Home Contact Number: | Mobile Contact Number: | |
| Email: | | |

**Emergency Contact Details**

|  |  |
| --- | --- |
| Name: | Relationship: |
| Best Contact Number: | |

**Volunteering Area(s) of Interest**

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| --- |
| **Please tell us which volunteer role you would like to apply for and why you would like to volunteer for St. Richard's Hospice** |
| Role applied for:  If retail, please specify preferred shop(s): |
| I want to volunteer because... |

**Please tell us where you heard about volunteering and what skills and experience you have that you can bring to volunteering at St. Richard's Hospice**

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| If you are volunteering as part of the Duke of Edinburgh award or other short term placement, please provide the placement organisation name (school/ college/ agency) and a contact name and number. |

**References**

Please give details of two referees who have known you for more than two years and are not related to you. One reference should be a work or academic reference.

**1st Referee**

|  |  |  |
| --- | --- | --- |
| **Title:** | | |
| **Name:** | **Surname:** | |
| **Address:** | | |
| **Town:** | | **Postcode:** |
| **Home Contact**  **Number:** | | **Mobile Contact**  **Number:** |
| **Email:** | | |
| **How does this person know you?** | | |

**2nd Referee**

|  |  |  |
| --- | --- | --- |
| **Title:** | | |
| **Name:** | **Surname:** | |
| **Address:** | | |
| **Town:** | | **Postcode:** |
| **Home Contact**  **Number:** | | **Mobile Contact**  **Number:** |
| **Email:** | | |
| **How does this person know you?** | | |

**Volunteer Health Questionnaire**

We wish to ensure that any volunteer role offered will not put your health or well-being, or the safety of our patients, customers, staff and other volunteers at risk.

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|  | **YES** | **NO** |
| Do you consider that you have a disability? |  |  |
| Do you have a medical condition which may impact upon your volunteering? |  |  |
| Do you have any special requirements e.g. wheelchair access? |  |  |
| If you have answered yes this will be discussed with you in more detail at a volunteering interview | | |

**Disclosure**

We ask everyone who applies to become a volunteer to disclose all convictions, including spent ones. Work as a volunteer for St Richard’s Hospice is covered by the exemption order of 1975 relating to Section 4 (2) and Section 4 (3b) of the Rehabilitation of Offenders Act 1974. The information you give us will be held in strict confidence.

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| All appropriate volunteer roles at St Richard’s Hospice are subject to a Disclosure and Barring Service (DBS) check  Please note that when appropriate, criminal records may be discussed at interview | | |
| Have you ever been convicted of a criminal offence (X)? | Yes | No |
| If ‘yes’ please give details in a separate letter and send it with your application form in an envelope marked ‘Confidential’ | | |

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| **We will need to contact you regarding updates and information which relates to your volunteer role.** | | | | | | | | | | | | |
| Please let us know the ways we can contact you by ticking the relevant box(es) below: | | | | | | | | | | | | |
| Post |  | Email | |  | Phone | |  | Text |  | No contact | |  |
| From time to time we would like to keep in touch to keep you up to date with our hospice news.   I am interested in receiving information about: (please tick the relevant box(es) below) | | | | | | | | | | | | |
| Hospice Updates | | |  | | | Courses and Conferences | | | | |  | |

**Declaration**

|  |  |
| --- | --- |
| I declare that the information given on this form, and on any accompanying documents, is true to the best of my knowledge and belief.  I agree to complete, where required, a Disclosure and Barring Service application for the purpose of obtaining information about any past convictions etc  I understand that, if successful, computer records and personal data will be created to maintain records in confidence, solely for the use of the Hospice | |
| **Signed:** | **Date:** |

**Diversity Monitoring**

At St. Richard’s Hospice we aim to eliminate direct or indirect discrimination on grounds, as covered by the Equality Act 2010, of sex, sexual orientation, marital status, colour, race, nationality, ethnic or national origin, creed, religious belief, age or disability.

To help us to achieve this, we would be grateful if you would provide us with details of your ethnicity. This information is provided on a voluntary basis and will only be used for statistical purposes.

I would describe my ethnicity as **………………………………………………………..**

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| --- |
| For more information on volunteering roles, please visit the St Richard’s Hospice Website [www.strichards.co.uk](http://www.strichards.co.uk) or contact the Staff and Volunteer Recruitment Co-ordinator on 01905 763963 |
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| --- |
| Please return this completed form to:  The Manager of the Shop where you wish to Volunteer  or to  Staff and Volunteer Recruitment Co-ordinator  St Richard’s Hospice  Wildwood Drive  Worcester  WR5 2QT  Tel: 01905 763963  Email: [recruitment@strichards.org.uk](mailto:recruitment@strichards.org.uk)  Website: [www.strichards.org.uk](http://www.strichards.org.uk)  Registered charity no: 515668 |

**For office use only:**

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| --- | --- |
| Date Received: |  |
| ThankQ serial number: |  |