



St Luke's
Hospice Plymouth

Hospice Volunteer Application Form

LINE MANAGER TO COMPLETE THIS SECTION

For Line Manager Use only: Volunteer Full Name _____

Area(s) working in _____

Start Date _____

Notes _____

V.S.C to process

V.S.C to file

A Charitable company limited by guarantee – Registered in England No. 1505753. – Registered Charity No. 280681



Which voluntary role(s) are you interested in? _____

1. PERSONAL DETAILS:

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Rev <input type="checkbox"/>
Surname:	
Forename(s):	
Known As:	
Address	
Postcode:	
Telephone: Home:	
Mobile:	
Email address:	

2. REFERENCES

Please give the names of two people we can contact for a reference (not relatives)

Name:		Name:	
		Position:	
Address:		Address:	
E-mail		E-mail	
Telephone:		Telephone:	

3. EMERGENCY CONTACT

It would be helpful if you can give details of a person who we can contact in an emergency

Name:	
Relationship:	
Address:	
Tel: Home:	
Mobile:	



4. FURTHER INFORMATION

Please complete as fully as possible - We are interested in all your skills and experiences. Please use a separate sheet if needed.

4.1 How did you hear about volunteering opportunities at St Luke's?

4.2 Please summarise any current or previous occupation(s):

4.3 Please give details of any qualifications and/or experience you have:

4.4 Have you done voluntary work before? (please give details)

4.5 Would you also like details of other volunteering opportunities within St Luke's?

Accounts	<input type="checkbox"/>	Administration	<input type="checkbox"/>	Bereavement Support	<input type="checkbox"/>
Befriender	<input type="checkbox"/>	Chaplaincy	<input type="checkbox"/>	Day Hospice	<input type="checkbox"/>
Driver	<input type="checkbox"/>	Events(helping)	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>
Gardening	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Reception	<input type="checkbox"/>
Retail	<input type="checkbox"/>	Servery	<input type="checkbox"/>	Therapy	<input type="checkbox"/>
Trustee	<input type="checkbox"/>	Supermarket Collections	<input type="checkbox"/>		

4.6 Do you have any other skills, which you think would benefit the hospice? (if yes, please give details)

4.7 Please tell us about any major losses you have had in the last two years
e.g. bereavement, divorce, illness etc:

4.8 Why would you like to volunteer with the Hospice?

4.9 Please let us know of any health issues you think we should be aware of (including if you have a disability and if you require any equipment/special facilities in order to assist you in your potential voluntary work).

5 Do you have a current Full British Driving Licence? Yes No
Do you have any current endorsements? If Yes, please give details:

6: AVAILABILITY

Date Available _____ Length of time available _____

(please tick all that are appropriate):

	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Flexible
AM								
PM								

7. Rehabilitation of Offenders Act 1974 – Exemption form S 4(2)

This voluntary work is exempted from the above and volunteers are not therefore entitled to withhold information about 'spent' convictions. In the event of you ever having been convicted of any offence by a court of law, please tick the "Conviction(s)" box below and supply details of the offence(s) with dates in a separate sealed envelope marked "Strictly Private & Confidential: Volunteer Services Department Only". If you have no convictions please tick the "No Convictions" box.

"Conviction(s)" "No Convictions"

8. Data Protection Act 1998

In accordance with the data protection act and associated Codes of Practice, the information on this form will be used in the recruitment and selection of volunteers and may be disclosed to all those who need to see it. It will also form the basis of the confidential volunteer record.

9. Additional Screening

Please note that we may be required to obtain either an Enhanced or Standard Disclosure from the Criminal Records Bureau (Rehabilitation of Offenders Act 1974 – Exemption form S 4(2) applies).

Do you need a work permit to work in the UK? Yes No

Information about visas If you are from the European Union, you are able to volunteer in the UK. For those from outside the EU, you will need to check that your visa allows you to volunteer. We advise that you contact the UK Borders and Immigration Agency for more information. St Luke's are unable to sponsor volunteer visas.

10. On occasions our Fundraising Department contacts volunteers to request help with fundraising events. If you do **not** wish to be contacted by the Funding Department please tick this box

If you are interested, please tick the areas below that you would be able to assist with:

Steward/Marshall Supermarket Collections Admin duties General events

11. Membership of Professional Organisation including Registration Number & Renewal date (if applicable):

12. Confirming details given

I confirm that the information I have given is true and complete. I understand that a false or misleading statement may result in me being asked to leave.

Signature:

Date:

Please return your completed application form in an envelope marked 'Private & Confidential' to the Volunteer Department, St Luke's Services, Stamford Road, Turnchapel, Plymouth, PL9 9XA

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ST LUKE'S HOSPICE PLYMOUTH

EQUAL OPPORTUNITIES FORM

All information on this page is treated as confidential and assists us in monitoring under our equal opportunities policy

Date of birth _____ MALE/FEMALE

What is your Nationality?

How would you describe your ethnic origin? (please tick relevant box)

- EUROPEAN AFRO CARIBBEAN INDIAN
 PAKISTANI BLACK AFRICAN CHINESE
 BANGLADESHI OTHER (please specify)

Are you disabled? Yes No

If yes, what is the nature of any disability you may have?

If offered a volunteer role at St Luke's, are there any specific requirements you have which will need to be facilitated? If so, what are they?

Signed _____

Print name _____

Date _____



Our status as a Disability Symbol User guarantees that we will offer an interview to all applicants with a disability who meet the minimum criteria for a job vacancy – and consider these applicants purely on their abilities

CONFIDENTIALITY OF INFORMATION

All matters relating to the internal affairs of St Luke's Services must be confidential and on no account should this confidence be betrayed.

Any departure from the foregoing standards of confidentiality will be regarded as gross misconduct, which could lead to dismissal.

Information concerning patients can only be given to relatives by a member of the Medical Staff, Matron or a Senior member of the Nursing Staff.

I agree not to visit patients in their homes, without express permission of my Line Manager. (NOT APPLICABLE TO BEFRIENDING, CHAPLAINCY OR BEREAVEMENT SUPPORT TEAMS)

Should the Police or Press wish for information they should be referred to the Chief Executive, Medical Director or Matron of St Luke's Hospice.

I declare that I have read and understood this statement and will abide by the above.

Signed _____

Print name _____

Date _____

PLEASE SIGN AND RETURN TO VOLUNTEER SERVICES CO-ORDINATOR