

HOSPICE VOLUNTEER

APPLICATION FORM

Become a St Luke's volunteer and help make a real difference to local people.

FOR OFFICE USE

Manager Use Only

Volunteer Name: _____

Volunteering Role: _____

Start Date: _____

Volunteer Services Use Only

Date Received: _____

Volunteer Ref No: _____

Notes:

Which shop/area(s) are you interested in?

--

1. PERSONAL DETAILS

Title:			
Surname:			
Forename(s):			
Known as:			
Date of birth:			
Address:			
Postcode:			
Home telephone:		Mobile telephone:	
Email:			

What is your preferred method(s) of contact? Home telephone Mobile telephone Email Post

2. REFERENCES

MANDATORY- missing info will limit the scope of your role. Please give **FULL** details of two people we can contact for a reference (not relatives)

Title:		Title:	
Name:		Name:	
Position:		Position:	
Address:		Address:	
Email:		Email:	
Telephone:		Telephone:	
Relationship:		Relationship:	

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:			
Home telephone:		Mobile telephone:	

4. FURTHER INFORMATION

Please use a separate sheet if needed.

Please complete as fully as possible. We are interested in all your skills and experience.

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

4.2 Why would you like to volunteer with the Hospice?

4.3 Have you done voluntary work before? (if yes, please give details)

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

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

4.6 Please give details of other skills which you think might benefit the Hospice:

4.7 Please tick if you would also be interested in any of the following opportunities:

- | | | |
|---|--------------------------------------|---|
| Ambassador <input type="checkbox"/> | Accounts <input type="checkbox"/> | Administration <input type="checkbox"/> |
| Driftwood Cafe <input type="checkbox"/> | Driver <input type="checkbox"/> | eBay <input type="checkbox"/> |
| Gardening <input type="checkbox"/> | Maintenance <input type="checkbox"/> | Reception <input type="checkbox"/> |
| Social Care <input type="checkbox"/> | Therapy <input type="checkbox"/> | Trustee <input type="checkbox"/> |
| Warehouse <input type="checkbox"/> | | |

4.8 Fundraising Department

On occasions our Fundraising Department contacts volunteers to request help with fundraising events. If you do **not** wish to be contacted please tick here.

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

Steward/Marshall Bucket collections Admin General events

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

5. COMMUNICATION

To opt in to receive updates about St Luke's, please tick the relevant options below:

- 1. Internal communications to support your volunteering role (e.g. Hospice Herald)
- 2. St Luke's fundraising and event updates
- 3. Carefully selected third party mailings (e.g. will writing offers)

6. AVAILABILITY

Please provide us with further information about your availability.

Date available from:		Length of time available:	
----------------------	--	---------------------------	--

Please tick all appropriate

	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Flexible
AM:								
PM:								

7. DRIVING LICENCE

Do you have a current full British driving licence? Yes No

DO YOU HAVE ANY CURRENT ENDORSEMENTS? IF YES, PLEASE GIVE DETAILS:

8. REHABILITATION OF OFFENDERS ACT 1974 - EXEMPTION FORM S4(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 it is mandatory to 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 Conviction(s)"

9. 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.

10. ADDITIONAL SCREENING

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 is unable to sponsor volunteer visas.

11. MEMBERSHIP OF A PROFESSIONAL BODY

Are you a Member of a Professional Body? Yes No

Body/Membership Number:

Status/Renewable date:

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 Services Department, St Luke's Hospice, Stamford Road, Turnchapel, Plymouth, PL9 9XA

PLEASE ENSURE SUFFICIENT POSTAGE IS PAID WHEN POSTING LETTER

EQUAL OPPORTUNITIES FORM

This is not an obligatory form. All information on this page is treated as confidential and assists us in monitoring under our equal opportunities policy. Please return this in a sealed envelope together with your application form.

Date of birth: DD/MM/YY	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>																								
What is your nationality?																									
<p>How would you describe your ethnic origin? (please tick relevant box)</p> <table border="0"> <tr> <td>African <input type="checkbox"/></td> <td>Arab <input type="checkbox"/></td> <td>Bangladeshi <input type="checkbox"/></td> <td>British <input type="checkbox"/></td> </tr> <tr> <td>Caribbean <input type="checkbox"/></td> <td>Chinese <input type="checkbox"/></td> <td>English <input type="checkbox"/></td> <td>Gypsy or Irish Traveller <input type="checkbox"/></td> </tr> <tr> <td>Indian <input type="checkbox"/></td> <td>Irish <input type="checkbox"/></td> <td>Middle Eastern <input type="checkbox"/></td> <td>Northern Irish <input type="checkbox"/></td> </tr> <tr> <td>Other Asian <input type="checkbox"/></td> <td>Other Black African Caribbean <input type="checkbox"/></td> <td>Other Ethnic <input type="checkbox"/></td> <td>Other Mixed or Multiple Ethnic <input type="checkbox"/></td> </tr> <tr> <td>Other White <input type="checkbox"/></td> <td>Pakistani <input type="checkbox"/></td> <td>Scottish <input type="checkbox"/></td> <td>Welsh <input type="checkbox"/></td> </tr> <tr> <td>White & Asian <input type="checkbox"/></td> <td>White & Black African <input type="checkbox"/></td> <td>White & Black Caribbean <input type="checkbox"/></td> <td>White British <input type="checkbox"/></td> </tr> </table> <p>Other _____</p>		African <input type="checkbox"/>	Arab <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	British <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>	English <input type="checkbox"/>	Gypsy or Irish Traveller <input type="checkbox"/>	Indian <input type="checkbox"/>	Irish <input type="checkbox"/>	Middle Eastern <input type="checkbox"/>	Northern Irish <input type="checkbox"/>	Other Asian <input type="checkbox"/>	Other Black African Caribbean <input type="checkbox"/>	Other Ethnic <input type="checkbox"/>	Other Mixed or Multiple Ethnic <input type="checkbox"/>	Other White <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Scottish <input type="checkbox"/>	Welsh <input type="checkbox"/>	White & Asian <input type="checkbox"/>	White & Black African <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	White British <input type="checkbox"/>
African <input type="checkbox"/>	Arab <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	British <input type="checkbox"/>																						
Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>	English <input type="checkbox"/>	Gypsy or Irish Traveller <input type="checkbox"/>																						
Indian <input type="checkbox"/>	Irish <input type="checkbox"/>	Middle Eastern <input type="checkbox"/>	Northern Irish <input type="checkbox"/>																						
Other Asian <input type="checkbox"/>	Other Black African Caribbean <input type="checkbox"/>	Other Ethnic <input type="checkbox"/>	Other Mixed or Multiple Ethnic <input type="checkbox"/>																						
Other White <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Scottish <input type="checkbox"/>	Welsh <input type="checkbox"/>																						
White & Asian <input type="checkbox"/>	White & Black African <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	White British <input type="checkbox"/>																						
<p>Are you disabled? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what is the nature of your disability?</p>																									
<p>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?</p>																									

Name:
Signed:
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 volunteering vacancy – and consider these applicants purely on their abilities



CONFIDENTIALITY OF INFORMATION

This is a mandatory form. Please return signed with your application form.

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

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

Information concerning patients must only be given to relatives by a member of the Clinical Team.

I agree not to visit patients in their home without the express permission of my Line Manager (excluding befriending, bereavement support and chaplaincy).

Should the Police or Press request information from you they should be referred to the Chief Executive or the Senior Management Team of St Luke's Hospice Plymouth.

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

Name:
Signed:
Date:

**PLEASE SIGN AND RETURN TO THE
VOLUNTEER SERVICES CO-ORDINATOR**