



VOLUNTEER APPLICATION FORM

Confidential

Volunteer Position Applied for:	
--	--

Mr/Mrs/Miss/Ms	Surname:	First Name:	Known As:
----------------	----------	-------------	-----------

Home Address:

Postcode: Email Address:

Telephone Number	Home:	Work:	Mobile:
------------------	-------	-------	---------

Please tick location of volunteer position:

<p style="text-align: center;">✓</p> <p>Inpatient Unit – Myland Hall <input type="checkbox"/></p> <p>Colchester Day Centre <input type="checkbox"/></p> <p>Tendring Day Centre <input type="checkbox"/></p> <p>Fundraising Office – Magdalen St <input type="checkbox"/></p> <p>Clacton shop <input type="checkbox"/></p> <p>Dovercourt Homeware shop <input type="checkbox"/></p>	<p style="text-align: center;">✓</p> <p>Dovercourt shop <input type="checkbox"/></p> <p>Frinton Bookshop <input type="checkbox"/></p> <p>Furniture shop <input type="checkbox"/></p> <p>Halstead Bookshop <input type="checkbox"/></p> <p>St Botolph's shop <input type="checkbox"/></p> <p>Warehouse <input type="checkbox"/></p> <p>Head St shop <input type="checkbox"/></p>
--	---

References (Please state below two referees. Referees should be over 18, not a relative and have been known to you for at least two years)

Name: * <input type="checkbox"/>	Name: * <input type="checkbox"/>
Occupation:	Occupation:
Address:	Address:
Post Code:	Post Code:
Tel No:	Tel No:
Email:	Email:

**Please tick box if you do not wish us to contact referees at this stage.*

If you do not wish to receive information from time to time about St Helena Hospice please tick this box.

What is your occupation present / past?

What are your qualifications / skills / hobbies?

What skills or experience could you bring to St Helena Hospice? Please ✓

Banking / accounts
Catering
Clerical / Secretarial
Computers
Databases
Driving
Education
Fundraising
Legal Work
Manual Labour

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Marketing
Organising
Public Speaking
Research
Sales
Shop work
Telephone / Receptionist
Other (please state)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Unfortunately it is Hospice Policy that we can not accept volunteers who have suffered a loss within the past twelve months and wishing to work in a patient area. However other roles may be available. Please give details if you have been bereaved within the last year.

Please state why you are interested in becoming a volunteer for St Helena Hospice:

Please detail your availability i.e. days and hours per week available:

Do you have any convictions involving theft, deception, dishonesty or any other? (If accepted as a volunteer, you will be required to complete a **Criminal Records Bureau** form before commencing in a patient area)

A criminal record WILL NOT automatically bar you from becoming a volunteer. Any information given will be completely confidential.

All applicants are asked to complete the health questions below. We may ask you to complete an Occupational Health screening form, which is required for some roles – however this will be requested after the interview process if applicable.

1. Are you registered disabled? YES / NO

If yes please provide further information (including any adjustments you may require to the interview process)

Fundraising Volunteers ONLY (area of specific interest)

Hospice Ambassador	✓ <input type="checkbox"/>	Events Volunteer	✓ <input type="checkbox"/>
Village Representative	<input type="checkbox"/>	Fundraising Office	<input type="checkbox"/>
Home Working	<input type="checkbox"/>	Collections	<input type="checkbox"/>

Volunteer Drivers ONLY

Any volunteers who will be transporting equipment or people using a vehicle provided by the Hospice must have a valid driving licence and complete a hospice insurance form to be included in the Hospice insurance policy. Where the volunteer will be using his/her own vehicle, he/she must also provide a copy of the vehicle's insurance certificate and, if appropriate, the MOT certificate.

You will be required to notify your insurers that you will be using your vehicle and are eligible to receive mileage allowance for this voluntary role, (we can supply a form if required for this purpose).

Qualified Nurses ONLY complete this section

UK CC Pin Number :

Current Expiry Date :

Qualifications & Date	Subject	Awarding Body

Previous NURSE experience in relation to this role (please use additional sheets if necessary)

Bereavement Volunteers ONLY complete this section

What events or experiences have been important to you?

Why are you interested in helping the bereaved?

Details of relevant training or experience:

How do you see the role of a Bereavement Visitor?

Next of Kin details:

Name:..... Relationship to you:.....

Address:.....

..... Postcode:.....

Home telephone number:..... Mobile number:

Declaration

I hereby sign to the best of my knowledge that the above information is correct, and I understand that if I am accepted as a volunteer my details will be held on a secure database for Hospice use only.

Signature..... Date.....

Please complete and return marked PRIVATE & CONFIDENTIAL to:

**Voluntary Services Dept, St Helena Hospice, Myland Hall,
Barncroft Close, Highwoods, Colchester, Essex. CO4 9JU.**

**If you would like this form in larger print please contact the Volunteer
Office on 01206 845566.**



Equal Opportunities Monitoring Form

Name:

Date of Birth

Post applied for:

Date:

We are committed to selecting volunteers solely on the basis of their ability to do the job for which they are being recruited, regardless of disability, race, gender, gender reassignment, health, social class, sex preference/orientation, marital status, nationality, religion, employment status, age, membership or non-membership of Trade Union. A full copy of our Equal Opportunities policy is available on request. Please help us to monitor the implementation of this policy by completing and returning this form. Your answers will be kept strictly confidential. **This form will be detached from your application and will be used for monitoring purposes only.**

1. Where did you first learn about this job?

- Through a Newspaper/Journal advertisement (please specify paper below)
- Through a friend who works at S Helena Hospice
- Through being a volunteer
- Through the internet
- Other (please specify below)

Please give more details: _____

2. Sex

- Female
- Male

3. Age range

- 20 years or younger
- 21- 30 years
- 31- 40 years
- 41- 50 years
- 51- 60 years
- 61 years or over

4. Disability

The 1995 UK Disability Discrimination Act defines disability as ‘ a physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities.’ Disability can include conditions such as chronic back pain, diabetes, and repetitive strain injury or work related upper limb disorder.

Do you regard yourself as having a disability? (Please indicate as appropriate)

- Yes
- No

5. Ethnic Origin

These figures are primarily used to monitor whether we treat people from all ethnic origins fairly. Ethnic origin questions are not about nationality, place of birth or citizenship. They are about colour and broad ethnic group - for example, UK citizens can belong to any of the groups indicated. The categories we use are those recommended by the Commission for Racial Equality as they allow us to use census figures as a benchmark against which to compare. (Please tick the one box that MOST describes you).

- White
- Black - African
- Black - Caribbean
- Black - Other
- Bangladeshi
- Chinese
- Indian
- Pakistani
- Other (I am none of the above) Please specify

.....

If you wish to provide more details about your ethnic origin please specify below:

6. Region of origin

- Africa (excluding North Africa)
- Asia
- Caribbean
- Central and South America
- Eastern Europe
- Middle East/North Africa
- North America
- Pacific (including Australia/New Zealand)
- Western Europe (excluding the UK)
- UK
- Other (Please specify)