



Church Street Gawber Barnsley South Yorkshire S75 2RL
 Tel 01226 244244 Fax 01226 731733 Email volunteerservices@barnsleyhospice.org

VOLUNTEER APPLICATION FORM

Surname:	Forenames:
Date of birth:	Home Telephone No: Mobile:
Permanent address: Post Code:	email address:
Why do you want to be a volunteer at Barnsley Hospice?	
What do you think you can offer Barnsley Hospice?	
What type of volunteer roles would you like to do?	
How/where did you find out about volunteering at the Hospice? (Please tick)	
Hospice connection Advertisement Website Volunteer Action Bureau Called into Hospice	Friend/Word of mouth Called into a shop Shop Window notice Hospice Newsletter Other (please state)

NURSING ONLY Please state whether

SRN () SEN () RGN () AUXILIARY ()

NMC No () UKCC No ()

Are you able to volunteer at short notice?

What amount of time per week might you consider offering to volunteer?

2 hours () 4 hours () More than 4 hours () Short term () Long term ()

Available between the hours of

Which days might you be available?

Monday () Tuesday () Wednesday () Thursday () Friday ()

Saturday () Sunday ()

PREVIOUS EMPLOYMENT (most recent first) if applicable

Job Title	Name and Address of Employer	Dates of Appointment

EXPERIENCE Please indicate any voluntary or other experience that you feel may be relevant to the post applied for (for example, community work)

BEREAVEMENT Have you suffered a bereavement in the last 2 years? YES / NO
 Relationship

If the answer is Yes, this will not necessarily preclude you from becoming a volunteer.

HEALTH

**Disabilities or health problems do not preclude you from volunteering.
 All information will be treated as confidential.**

Are you generally in good health? **Yes No**

Do you suffer from a recognised disability as outlined in the Disability Discrimination Act (DDA)? **Yes No
I do not know**

If yes, please indicate the nature of the disability

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REFEREES

Please provide your employer's or last employer's name as one of your referees.
 If you have previously worked for a voluntary organisation please indicate as one of your referees.
 Please give the names and addresses of 2 referees (not family members) who have known you for at least 2 years whom we may contact.

May we approach the referees before an offer is made? **Yes No**

Name: Job title (if applicable) Address: Post code: Tel no: Relationship:	Name: Job title (if applicable) Address: Post code: Tel no: Relationship:
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CONFIDENTIALITY

As part of the team you will be bound by the same codes of practice as the staff members; therefore successful applicants will be required to sign a Confidentiality Statement.

REHABILITATION OF OFFENDERS ACT 1974

As the Barnsley Hospice meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974, all applicants who are being considered for a volunteer role within the Hospice or Hospice Retail will be subject to a criminal record check from the Criminal Records Bureau.

Have you ever been convicted of a criminal offence? **Yes** **No**

If Yes, please state nature of conviction and date:

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EQUAL OPPORTUNITIES

Barnsley Hospice aims to promote equal opportunity for all with the right mix of talent, skills and potential. All applications are welcomed.

VOLUNTEER STATEMENT

I confirm that the information on this form is true and correct.

If I am successful in becoming a volunteer at Barnsley Hospice I agree to abide by the policies and procedures of the Hospice.

I understand that I am expected to attend an Induction Day and other Mandatory Training.

In accordance with the Data Protection Act 1998 I give permission for this personal information to be stored and processed for the purposes of volunteering and monitoring and for sensitive data to be stored and processed in connection with equal opportunities, health and safety reasons and compliance with the requirements of national standards.

Disclaimer

Volunteering is a mutually beneficial arrangement, but it is not intended to give rise to contractual obligations on the part of either the Hospice or the volunteer.

Signature of applicant: **Date:**

If you require any assistance in completing this form please contact: Barbara Cronin on 01226 323620

Please return the completed form to:

Volunteer Services Manager
Barnsley Hospice
Church Street
Gawber
BARNSELEY
S75 2RL