



## **VOLUNTEER APPLICATION FORM**

### **PERSONAL DETAILS**

Full Name	Title
Address	Post Code
Mobile No.	Land Line No.
Email	

### **VOLUNTEERING**

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?

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

How/where did you find out about volunteering at the Hospice? (Please tick)

Hospice connection	Friend/Word of mouth
Advertisement	Called into a shop
Website	Shop Window notice
Volunteer Action Bureau	Hospice Newsletter
Called into Hospice	Other (please state)

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 ( )

### **CONFIDENTIALITY**

As part of the volunteer 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.

**PREVIOUS EMPLOYMENT** (most recent first) if applicable

Name and address of previous Employers covering last 3 years	Post Held	From	To	Reason for leaving (Must be stated)

**REFEREES**

Please give names and addresses of 2 referees who have agreed to give an opinion of your character, ability and experience. Barnsley Hospice can accept employment or character based references.  
May we approach the referees before an offer is made? **Yes No**

Name: Job title (if applicable): Address:  Post code: Tel no: E-mail: Relationship:	Name: Job title (if applicable): Address:  Post code: Tel no: E-mail: Relationship:
Date requested:	Date requested:
Date of 2nd request:	Date of 2nd request:

**NB We are trying to reduce costs by contacting referees via e-mail. Please ensure that the e-mail address (if available) is clearly printed and that referees know to check their e-mails.  
Please supply the above information in full in order to avoid any delay in processing your application**

**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 Training Day and other required 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:- Direct Dial 01226 323616 E-mail barbara.cronin@barnsley-hospice.org

Please return the completed form to: Private and Confidential, Volunteer & HR Coordinator, Barnsley Hospice, Church Street, Gawber, BARNSELEY, S75 2RL

