

VOLUNTEER APPLICATION FORM

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| **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 Advertisement Website  Volunteer Action Bureau Called into Hospice | Friend/Word of mouth Called into a shop Shop Window notice Hospice Newsletter 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. | |

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| **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) |
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| **REFEREES** | |
| Please give names and addresses of 2 referees **(non family members)** 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** | |
| **DECLARATION – It is important that you read this section carefully before signing.** | |
| I understand that my joining the volunteer team will be subject to the information on this Application form being complete and correct. Any false or misleading information, or any non-disclosure or omission of information on either form may invalidate my request to join the volunteer team at Barnsley Hospice.  If I am successful in becoming a volunteer at Barnsley Hospice I agree to abide by the policies and procedures of the Hospice and I understand that I am expected to attend required Mandatory Training.  In accordance with General Data Protection Regulation (Regulation (EU) 2016) (GDPR) 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 our Volunteer Services at:-  01226 244244 Ext. 233 Email- volunteering@barnsley-hospice.org  Please return the completed form to: Private and Confidential, Volunteer & HR Coordinator, Barnsley Hospice, Church Street, Gawber, BARNSLEY, S75 2RL  Charity No: 700586  2 | |