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## **Volunteer Application Form**

### **PRIVATE & CONFIDENTIAL**

Please return completed form to:

St Mary's Hospice  
Ford Park,  
Ulverston,  
Cumbria,  
LA12 7JP.

Thank you for deciding to register as a volunteer. We would be grateful if you could take a few minutes to complete this registration document. You can choose not to answer any question. If you are unsure about any part of this document please ask for help.

#### **Data Protection:**

1. At no time will we provide any of your details to a third party without your permission.
2. You have the right to see any information about you that we hold in a retrieval system such as a computer database.
3. You have the right to challenge us about any information relating to you we hold in a retrieval system and have this changed.
4. You have the right for your details to be removed from a retrieval system.
5. We may compile statistical data from time to time but this will never include references to a particular individual.
6. In order to keep you up-to-date with information and events we may include you in our mailing list or e-mail list.
7. We will never sell or give our mailing lists to a third party.

**What will we do with the information you give us?**

We will hold your information confidentially. Using this information we will try to match you with volunteering opportunities that appear to suit your preferences and availability. If we find a match we will contact you with the details of the volunteering opportunity; you can then decide if this is something you would like to become involved with as a volunteer or not. If not, we will continue to look for volunteering opportunities that you may be interested in. We will never send anyone your personal details.

**Criminal Record Disclosures**

Some opportunities require that a criminal record check be obtained This is often the case if the volunteering involves working with vulnerable adults. No criminal record checks will be made without your consent.

**Section One - Personal Details**

**Mr. Mrs. Miss Ms.** (Circle one)

**Surname**..... Maiden Name (if appropriate).....

**First name**.....

**Address**.....

**Address**.....

**Address** (Town).....

**Address** (County).....

**Postcode**.....

**Marital Status:** .....

**Date of Birth:** .....

**Daytime Telephone**.....

**Evening Telephone**.....

**Mobile**.....

**Fax**.....

**E-mail**.....

**Section Two – Volunteering Role and Experience:**

Please give brief details of any previous voluntary work experience:

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What has led to your interest in volunteering for Hospice Work?

Have you experienced the death of a close relative or friend in the last 12 months?

Yes / No (*Please Circle*)

**Type of Activity**

*Please tick any of the following that interest you and you would like to apply for:*

Administration	
Art	
Befriending/Buddying	
Carers Course or Daycare	
Inpatient Service	
Computers, Website Design & Technology	
Bereavement Service	
Driving	
Fundraising	
Gardening	
General + Helping	
Local Events	
Practical Work and DIY	
Retail and Charity Shops	

***Please tick each box when you could be available as a volunteer:***

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
<b>AM</b>							
<b>PM</b>							
<b>EVE</b>							

Are there any periods when you cannot be available, i.e School holidays (Circle) Yes / No

If Yes, When?.....

**Section Three – Referees:**

Please give the names and full postal addresses of two referees whom we could approach to support your application,

1.	2.
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**Section Four - Equal Opportunity Monitoring Information**

Which age group are you in? (*tick one*)

Under 15	
15-18	
19-25	
26-29	
30-34	
35-39	
40-44	
45-49	
50-54	
55-59	
60-64	
Over 65	

What is your current employment status? (*tick one*)

Employed	
Employed Part-time	
House Person	
Non-Employed	
Retired	
Self Employed	
Student	
Unable to work	
Unemployed	

Which Ethnic group do you belong in? (*tick one*)

White British		Indian	
White British (English)		Pakistani	
White British (Scottish)		Bangladeshi	
White British (Welsh)		Other Asian Background	
White Irish		Black Caribbean	
Other White background		Black African	
White & Black Caribbean		Other Black Background	
White & Black African		Chinese	
White & Asian		Any Other Background	
Other Mixed Background			

Nationality.....

Religion.....

Are you disabled?      No              Self Classified

**Driving. Only complete these questions if you drive (*tick one*)**

Insured for voluntary driving	
Own transport available	

If you can drive what licence do you hold? (*tick one*)

Car Automatic	
Car Full	
Car Provisional	
HGV - Class 1	
HGV - Class 2	
HGV - Class 3	
Motorcycle	
PSV/Coach	

I certify that the above information is correct

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Many thanks for taking the time to complete this form