

St Mary's Hospice

Caring for local people throughout South Cumbria



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 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 the 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 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

.....

..... Post Code

Marital Status:

Date of Birth:

Daytime Telephone No:

Evening Telephone No:

Mobile:

Fax:

E-Mail Address:

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?

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.....

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

Yes / No (Circle One)

Type of Activity

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

Administration

Inpatient Service

Art

Bereavement Service

Befriending/Buddying

Carers Course/Daycare

Computers, Website Design & Technology

Driving

Fundraising

Gardening

General & Helping

Local Events

Practical Work & DIY

Retail & Charity Shops

Cafe

Furniture Shop

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

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
AM							
PM							
EVE							

Are there any periods when you cannot be available? i.e. School Holidays.

Yes / No (Circle One)

If Yes, When?

.....

Section Three - Referees:

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

1. 2.
.....
.....
.....

Section For - Equal Opportunity Monitoring Information

Which age group are you in? (tick one)

What is your current employment Status? (tick one)

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

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 Caribbean	
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 license 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