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**VOLUNTEER APPLICATION FORM**

First name …………………………… Surname ……………………………………..

Date of birth …………………………….. Age ………………………. Gender ……………………………………….

Address …………………………………………………………………………………………………………..

Postcode ……………..………….. Home Tel ………..……….………… Mobile ………………………….............

Email address **(please print clearly)** …………………………………………………………………………………………………………………………

Are you working at present ? 🞐 not working 🞐 retired 🞐 studying 🞐

Who should we contact in case of an emergency?

Name ………………………………………………….....……… Relationship to you ……………………………….

Address ……………………………………………………………………… Postcode ……………………………….

Home Tel.No ……………..…………..…………. Mobile ……………………………………………………………

**References**

Please print clearly the **full** **name and addresses of 2 referees** (not a family member or partner, who is over 18 years old) who have known you for at least **1 year**. References should be employment or education related where possible and should refer to your suitability for voluntary work for Barnsley Hospice.

Name:…………………………………….. Tel.No: ………………………………………………..

Email address **(please print clearly)**: ………………………………………………………………………………

Postal address ……………………………………………..............…………………………………………..

Postcode ………………………

How do you know this person?………………………………………………

known since………………………………..

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| Name:…………………………………….. Tel.No: ………………………………………………….Email address **(please print clearly)**: ………………………………………………………………………………. Postal address ……………………………………………..............……………………………………………Postcode ……………………… How do you know this person?………………………………………………Known since…………………………………… |

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| How did you hear about volunteering with Barnsley Hospice? 🞎 Poster / advertisement 🞎 From another volunteer 🞎 Word of mouth🞎 Contact with the Hospice 🞎 Social Media 🞎 Jobcentre 🞎 Fundraising event 🞎 Hospice Website 🞎 Recruitment Fair / Information eventOther………………………………………………………………………………………………………… |

Please state the volunteer role you are applying for:……………………………………………………………….

Role descriptions for our current volunteer vacancies can be found on our website www.barnsleyhospice.org

Which day(s) / times would you be available to volunteer?

Days:……………………………………………………………………………………………………………………

🞎 Morning 🞎 Afternoon 🞎 Evening 🞎 All day 🞎 As needed

Your name will also be placed on our Fundraising Department’s volunteer contact list. Help is needed at a variety of events throughout the year, often at weekends

Please tick this box if you **do not** wish to be contacted about helping at events 🞐

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| Are you generally in good health? YES 🞐 NO 🞐Do you have any medical conditions / additional support needs? If so, is there anything Barnsley Hospice can do to support you?………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………….Barnsley Hospital will complete an Occupational Health Assessment on our behalf for all of our volunteers. |

Please note: Prior to commencing a volunteer role, all volunteers will need to complete an **Induction** and complete **mandatory training** in areas deemed necessary by Barnsley Hospice to safely carry out their role.

**Information Questionnaire**

Please complete this form to help us understand why you wish to become a volunteer for Barnsley Hospice

Have you had any previous contact with Barnsley Hospice?

What is your understanding of our services?

Tell us a little bit more about yourself - your education, work history or voluntary experiences and any leisure activities or hobbies that you enjoy. What can you offer as a volunteer?

What benefits do you hope to gain from volunteering (eg learning new skills, using your experience, friendship etc.)?

**REHABILITATION OF OFFENDERS ACT**

Certain voluntary positions that are based at the Hospice and involve direct patient contact are exempt from the provisions of Section 4(a) of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Applicants for these voluntary positions are, therefore, NOT ENTITILED TO WITHOLD INFORMATION ABOUT CONVICTIONS which for other purposes are spent under the provisions of the Act.

In these cases it is necessary for you to DECLARE WHETHER YOU HAVE ANY SUCH CONVICTIONS. In the event that you are appointed as a Volunteer, any failure to disclose convictions will result in dismissal. If you require further clarification, please do not hesitate to contact the Voluntary Coordinator.

 Have you ever been convicted of a criminal offence or received a caution, reprimand or warning?

 🞐 YES 🞐 NO Signature……………………………… Print name…………………………………..

 For all other voluntary positions, we ask that you disclose whether you have any UNSPENT

 criminal convictions

 🞐 YES 🞐 NO Signature………………………………Print name…………………………………….

**DECLARATION**

Given the nature of the voluntary role for which I have applied, I understand that it may be necessary to apply for a Basic, Standard or Enhanced Disclosure Certificate from the Disclosure and Barring Service. (More information about disclosure is available at [www.disclosure.gov.uk](http://www.disclosure.gov.uk)). This will include details of cautions, reprimands or final warnings, as well as convictions.

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from voluntary opportunities. I understand these details will be held in confidence by the Hospice, for the purposes of assessing this application, and ongoing personnel administration in compliance with the General Data Protection Regulations 2018.

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| --- | --- |
| **Signature:** | **Date:** |

**Please return this form to:**

**Sarah Hodgson – Volunteer Coordinator**

**Barnsley Hospice, 104-106 Church Street, Gawber, Barnsley, S75 2RL or**

**you can drop your completed form at our main reception in a sealed envelope marked ‘Volunteer Coordinator’ or email it to: volunteering@barnsley-hospice.org**

**We will be in touch shortly regarding your application –**

**Thank you for your interest in supporting us**

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