

Charity numbers: 1082798/1115439

Volunteer Application Form

**Please complete ALL sections of this application form in full and sign on the back page**

# Part 1 ~ Your Contact Details

Title: Mr

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Last Name** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Address** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | **Postcode** | | | | |  |  |  |  |  |  |  |  |  |  |
| **Tel No.** |  |  |  |  |  |  |  |  |  |  |  | **Mobile** | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Preferred Contact Number** | | | | | | | |  |  | **Mobile** | | |  |  |  | **Land Line** | | | |  |  |  |  |  |  |  |  |  |
| **Email** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **DOB** |  | **D** |  |  | **M** |  |  | **Y** |  |  |  |  | **Minimum age of all applicants is 16** | | | | | | | | | | | | | | | |
| **Emergency Contact Name** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Tel No.** |  |  |  |  |  |  |  |  |  |  |  | **Mobile No.** | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Relationship to you** | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **How did you hear about volunteering for us?** | | | | | | | | | | | | |  | **Press** | | |  | **Website** | | | |  | **Hospice Shop** | | | | |  |
| **Other, please tell us how** | | | | | | | | | | | | | **Friend** | | |  | **Talk/Event** | | | |  | **Duke of Ed** | | | | |  |
| **Leaflet** | | |  | **College** | | | |  | **Other Campaign** | | | | |  |

Mrs

Miss Ms

Other

|  |
| --- |
| We often take and use images for publicity, are you happy for any pictures taken whilst you carry out your work for the hospices to be used in this way. **Yes No** |
| We like to keep you informed about our work. We never sell or swap your details with Third Parties. Information provided will be recorded on the Woking & Sam Beare Database and is used to communicate with you and in the recruitment and selection of volunteers. Contact details will be shared with other Managers and Team Leaders to enable us to communicate with you about your volunteer role in accordance with the Data Protection Act 1998 and associated codes. |
| To comply with data protection regulations you must tell us which of the hospice departments you are happy to be contacted by and in which format. **Please ensure you tick the relevant boxes below.** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Request to Volunteer at Fund- raising Events** | | **Fundraising Appeals** | | **Information about Lottery & Raffles** | | **Receiving Email Newsletters** | |
| **Contact Type** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| **Email** |  |  |  |  |  |  |  |  |
| **Text/SMS** |  |  |  |  |  |  |  |  |
| **Phone** |  |  |  |  |  |  |  |  |
| **By Post** |  |  |  |  |  |  |  |  |

## Part 2 ~ About You

Please tell us why would you like to volunteer for our Hospices?

To help us match you to the best role please tell us about any other volunteering/employment or special skills/ experience/interests you have

Some of our roles require a level of physical strength e.g. lifting and moving stock. Do you consider yourself physically able and fit to carry out such duties? **Yes No**

Do you have any disability/health problem that might require adaptations or adjustments to equipment or working conditions to help with your volunteering role?

You **MUST** provide references from **TWO** people, over 18 (not relatives) who have known you for at least two years.

|  |  |
| --- | --- |
| **Name:** | **Name:** |
| **Address:** | **Address:** |
|  |  |
|  |  |
|  |  |
| **Post Code:** | **Post Code:** |
| **Tel:** | **Tel:** |
| **Email:** | **Email:** |

### DBS Disclosure & Barring Service

*Rehabilitation of offenders Act 1974 - Exception Form S 4(2)*

*This volunteer work is exempted from the above and volunteers are therefore not entitled to withhold information about ‘spent’ convictions. In the event of you ever having been convicted of any offence by a court of law please tick the “convictions” box below. If you have no convictions please tick the “no convictions” box below.*

### “Conviction(s)” “No Convictions”

*All applicants wishing to volunteer in our Children’s and Clinical Services will be required to have a DBS check. Volunteers already registered without a DBS check wishing to change or increase their volunteering with access to children or patients will be required to have a DBS check. NB: DBS checks are not required for Retail or Warehouse Volunteers*

## Part 3 ~ Volunteering Opportunities

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***The Gift of Time***  The level of commitment varies with each role. Your Gift of Time is very valuable and we try to find the best match to your skills and the time you are able to offer. This will be discussed at your interview. | | | | | | |
| **Retail Assistant ~** If you only wish to volunteer in one of our retail shops you may hand your completed form directly to the Shop Manager. If you are interested in other roles the form must be returned to volunteer services. **If applying for Duke of Edinburgh you must contact the Volunteer Services Operational Manager First. All Applicants must be aged minimum of 16 years and have a legal right to reside and work in the UK.** | | | | | | |
| Ashford |  | Egham White House |  | Virginia Water |  | ***Shop Manager to complete*** |
| Bagshot |  | Goldsworth Park |  | Walton |  | ***Please Print Name Clearly***  *Manager’s Name Trial Date* |
| Chertsey |  | Horsell |  | West Byfleet |  |
| Chobham |  | Knaphill Furniture Shop |  | Weybridge |  |
| East Horsley |  | Kingfield |  | Weybridge Book |  |
| Egham Book |  | Merrow |  | Woking |  |



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Patient Support (requires DBS)** |  | **General Support** |  | **Fundraising** |  |
| Children's Services |  | Administration |  | Community Networker |  |
| Complementary Therapy |  | DIY/Maintenance |  | Collecting Box Agent |  |
| Counselling |  | Gardening |  | Leaflet Distribution |  |
| Day Care Driver |  | Hospice Cafe |  | Marshalling |  |
| Day Care Assistant |  | Magistrates Tea Bar (Guildford) |  | Special Events |  |
| Befriending |  |  |  | Street/Bucket Collections |  |
|  |  | **Warehouse & Distribution** |  |  |  |
| Flower Arranging |  | Administration |  | **Fundraising Manager to Sign** | |
| Hairdressing/Beauty Care |  | EBay Assistant |  | Please print name clearly  Manager’s Name  Trial Date: | |
| Reception |  | Warehouse Driver |  |
| Ward Refreshments |  | Warehouse Driver Assistant |  |
|  |  | Warehouse Sorting |  |

If you are applying for **Day Care Driver** the following documents must be provided at interview:

* Driving Licence
* MOT Certificate
* Insurance Document

If you are applying for **Complementary Therapy** the following documents must be provided at interview:

* Current Therapy Certification
* Current Indemnity Insurance Certification

If you are applying for **Counselling** you must have:

* Certificate of Competence
* Be studying to Foundation Degree Level

**Part 4 ~ Data Protection, Visas, Confidentiality and Declaration**

**Visas**

If you are from the European Union you will need to check your visa allows you to volunteer. We advise you to contact the UK Borders and Immigration Agency for more information. Woking & Sam Beare Hospices are unable to sponsor volunteer visas.

**Confidentiality**

During your time with Woking & Sam Beare Hospices you may have access to confidential information. As a volunteer you are expected to respect the confidences of patients, visitors, staff and other volunteers.

* You must not disclose any details of patients you meet - even their names
* You must not look at patients notes (unless under staff supervision as part of your role)
* You must not disclose any business or financial information about Woking & Sam Beare Hospices
* You must refer any third party enquiries, including press directly to the Volunteer Services Manager

**Declaration & Agreement of Volunteer Applicant**

I confirm that the information contained in my application is correct. I understand that any false information or deliberate omission may render my application and/or volunteer placement void.

I consent to the organisation using and keeping information I have provided on this application or elsewhere as part of the recruitment process and/or personal information supplied by third parties such as referees, relating to my application.

I also consent my volunteer role is subject to the completion of mandatory training required by my role and my email address will be used to set up a training account on the current learning management system. If I do not have an email address, I acknowledge a username will be set up for me. Further details will be provided at induction.

I fully understand the information regarding confidentiality and accept that by signing this application form I agree to strictly adhere to the organisations confidentiality policy.

**Applicant’s Signature Date**

**Return your completed application form to: Private and Confidential**

**Volunteer Application**

**Woking and Sam Beare Hospices**

**Goldsworth Park Centre**

**Woking**

**GU21 3LG**

Woking & Sam Beare Hospices is a patient-centred charity that delivers specialist palliative care to adult patients of all ages who have life-limiting and terminal illnesses. We provide free of charge holistic care and support services for patients, their families and carers, across North West Surrey that have a combined population of over 360,000.

We are a charity, and while we receive some government funding, around 75% of what we deliver is generated through our charity shops and fundraising activities. We could not do this without the generosity of all of our supporters, volunteers and the local community. Therefore each year we need to raise in excess of £8 million from voluntary income, which you so generously help us to achieve.