**VOLUNTEER APPLICATION FORM**

**VOLUNTEERS MUST BE A MINIMUM OF 16 YEARS OF AGE**

**Please complete this form in TYPE or BLOCK CAPITALS.**

If you require any assistance with completing this form or have any questions,

please contact 01202 670644

**PERSONAL DETAILS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mr/Mrs/Ms/Miss/Other: | | Family Name: | | | | | |  |
| First Name(s): | | | | |  | Date of Birth: | | |
| Address: | | | | | | |  |  |
| Post Code: | | | | | | |  |  |
| Home Tel No: | | | | Mobile: | | | | |
| Email: | | | | | | |  |  |
| **If you are under 18 years of age at the time you wish to commence volunteering, please ask your parent or legal guardian to sign below.**  I declare that I am the parent/legal guardian of the above named applicant and can confirm that the information they have given is true and complete. I support their application to become a Volunteer: | | | | | | |  |  |
| Signed |  | | Parent/Legal Guardian (please circle) | | | | | |
| Print: |  | | Date: | | | | | |

**PLEASE GIVE DETAILS OF SOMEONE WE MAY CONTACT IN CASE OF AN EMERGENCY**

|  |  |  |  |
| --- | --- | --- | --- |
| Mr/Mrs/Ms/Miss/Other | First name(s): | Surname/Family Name: | |
| Address: | | Relationship to you:  (e.g. Mother) |
| Contact Number: | | |

**REFERENCE DETAILS**

Please give the names and addresses of two people who can act as independent referees. They will be asked to comment on your suitability for the volunteering role you have chosen. Both referees must have known you for at least two years and be over 18 years old and not be family members.

|  |  |  |
| --- | --- | --- |
|  | **Reference 1** | **Reference 2** |
| Name: |  |  |
| Email: |  |  |
| Contact number: |  |  |

**PLEASE TELL US WHY DO YOU WOULD LIKE TO BE A VOLUNTEER**

|  |
| --- |
| *(You may use a continuation sheet if necessary)*. |

**SKILLS, HOBBIES AND EXPERIENCE**

|  |
| --- |
| Please list your skills, hobbies and any experience that you consider an advantage to becoming a volunteer *(you may use a continuation sheet if necessary)*. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HAVE YOU VOLUNTEERED BEFORE?** (If YES, please complete the section below: | |  | **YES** |  | **NO** |
|  |  | | | | |
| **Name of organisation/charity** | **Main duties** | | | | |
|  |  | | | | |

**WHAT TYPE OF VOLUNTARY ROLE ARE YOU INTERESTED IN?** (please tick)

|  |  |
| --- | --- |
| **FUNDRAISER VOLUNTEER** |  |
| **SUPPORT VOLUNTEER** |  |
| **BEFRIENDER VOLUNTEER** |  |
| **GARDENER VOLUNTEER** |  |
| **WARD VOLUNTEER** |  |

**EMPLOYMENT STATUS**

Employed [ ] House person [ ] Student [ ]

Unemployed [ ] Retired [ ] Other (please specify)[ ]

**We are committed at Forest Holme Hospice Charity to equal opportunities. So that we can consider any appropriate adjustments to the volunteer environment, and better support you in your role, please give details below of any disabilities, health or support needs that you feel may be relevant.**

|  |
| --- |
|  |

**REHABILITATION OF OFFENDERS ACT**

Posts entailing contact with patients are exempt from the provisions of Section 4(2) of the Rehabilitation of offenders Act 1974. This means applications are not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provisions of the Act. You should also declare if you have ever received a caution, reprimand or warning. Failure to disclose any unspent convictions at this stage will result in your application being declined. Any information given will be completely confidential and will be considered only in relation to any application for voluntary positions to which the order may apply. NB A criminal conviction or caution would not preclude you from volunteering at the Charity.

Do you have any criminal convictions? Yes [ ] No [ ]

If yes, please provide information below:

(Please note some of our volunteer roles require a DBS check)

Are you at present (or have you ever been) under investigation for any offence / misconduct by the police, or an employer, or the Church or any other organisation for which you worked?

Yes [ ] No [ ]

If yes, please provide information below:

**DATA** **PROTECTION**

In accordance with the Data Protection Act 2018, I understand that Forest Holme Hospice Charity will use my personal information fairly and lawfully and that it will be used for the purposes of keeping in touch with me. Further information on how we use and store information can be found in our Privacy Policy <https://forestholmehospice.org.uk/privacy/>.

DECLARATION

I declare that the information given in this application is a true and complete statement. I understand that any offer of appointment and subsequent volunteering is subject to satisfactory references and satisfactory disclosure from the Disclosure and Barring Service where this is a requirement of the role (As stated in the volunteer role descriptions).

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | | |
| **Print:** |  | **Date:** |  |

**Please return the completed form by email to:**

[**fundraising@forestholmehospice.org.uk**](mailto:fundraising@forestholmehospice.org.uk)

or by post to:Forest Holme Hospice Charity, 5 Seldown Road,

Poole BH15 1TS