

Shop Volunteer Application Form

PRIVATE & CONFIDENTIAL

Which shop(s) would you prefer to work in?	
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Surname	Title	Forename(s)	
Address	Postcode	Home telephone	
		Mobile	
		Email	

About You

Please tell us a little about why you want to volunteer for Pilgrims Hospices and also outline any specialist knowledge, skills or experience you have. Feel free to include any additional information by adding a separate sheet.

Health

Do you have any health conditions or a disability that we should be aware of? *If yes, please provide details so that we can make reasonable adjustments where necessary:*

Rehabilitation of Offenders Act 1974

Having a criminal record will not necessarily bar you from volunteering with us. We will discuss any criminal record with you to determine whether it affects your suitability for the role. *Please provide details of any convictions on a separate sheet in a sealed envelope.* Any information given will be treated strictly confidentially.

All applicants' declaration: Do you have any unspent convictions?

Yes

No

Referee

Please give details of **ONE** person from whom a confidential reference may be obtained. The referee can be an employer or a friend **who has known you for at least TWO YEARS**, but must **NOT** be a family member. The referee will not be contacted until a formal offer to undertake volunteering has been made.

Name	Relationship to you	Address, email and telephone number
		Address:- Postcode:- Email:- Telephone number:-

Availability

When would you be available to volunteer? If it is your preference to volunteer on particular set days and times, please include this information below.

Data Protection

The information you provide on this form will be processed by Pilgrims Hospices to fulfill its statutory and organisational requirements in accordance with the Data Protection Act 2018 and other relevant regulations. The data will be used to process your application as part of our recruitment and selection process and to create and manage our volunteer records. Information will be securely stored on Pilgrims Hospices internal database and in manual systems and your contact details will only be shared with relevant managers and members of staff.

Your records will be securely destroyed 6 years after you have stopped volunteering for Pilgrims Hospices. The records of unsuccessful applicants will be destroyed 12 months after the date of application.

Our Privacy Policy can be found at [Pilgrims Hospices Privacy Policy](#) or you can contact one of the volunteer administration teams listed below for a copy to be sent to you.

Parental/Guardian Consent *(To be completed for all applicants under 18 years of age)*

I confirm that I consent to the applicant volunteering with Pilgrims Hospices:-

Parent/Guardian Signature

Name

Date

I agree that to best of my knowledge, the information given by me on this form is correct and I understand that a false statement may lead to termination of my voluntary role(s). I confirm that I give consent for my referee to be contacted.

Applicant's Name:	Date:
Applicant's Signature:	

Please return the completed form to your local Hospice Shop or send it to the Volunteer Administration Team at your nearest Hospice:

Ashford: Pilgrims Hospices, Hythe Road, Willesborough, Ashford, TN24 0NE or ashford.volunteers@pilgrimshospices.org

Canterbury: Pilgrims Hospices, 56 London Road, Canterbury, CT2 8JA or canterbury.volunteers@pilgrimshospices.org

Thanet: Pilgrims Hospices, Ramsgate Road, Margate, CT9 4AD or thanet.volunteers@pilgrimshospices.org