

Volunteer Application Form

PRIVATE & CONFIDENTIAL

Thank you for your interest in becoming a Volunteer with Pilgrims Hospices. Once we have received your completed application form, we will be in touch with you to arrange an informal visit so that we can discuss if we have any relevant vacancies to utilise your skills.

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| If applying for an advertised position please confirm which specific role interests you: | |
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|----------------|--|--|--|-------------|----|-----|--|--|--|----|
| Surname:- | Title: | Other Names: <i>(Please state <u>first</u> the name by which you wish to be known)</i> | | | | | | | | |
| Home Address:- | Home telephone | | | | | | | | | |
| | Mobile | | | | | | | | | |
| | Email | | | | | | | | | |
| | <i>Email is our preferred method of communication. Can we contact you at your email address?</i> | | | | | | | | | |
| | <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">YES</td> <td colspan="3"></td> <td style="text-align: center;">NO</td> </tr> </table> | | | | | YES | | | | NO |
| | YES | | | | NO | | | | | |
| Postcode:- | Have you a current driving licence? | Yes | | No | | | | | | |
| | Class of Licence | Full | | Prov | | | | | | |
| | Do you have the use of your own transport? | Yes | | No | | | | | | |

About You

Please tell us a little about why you want to volunteer for Pilgrims Hospices. Feel free to include any additional information by adding a separate sheet.

Your personal circumstances

Given the nature of our work, any recent bereavement will be discussed with you to ensure you have had the time and space to grieve and that the role is suitable for you.

Have you suffered a bereavement within the last two years?

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Skills, experience and interests

Please let us know what skills and experience you have that you would like to offer the hospice (for example: languages and your proficiency in them, computer skills, keyboard, arts and crafts, counselling, care, *etc.*)

If you are not applying in response to a specific advertised vacancy, please also give us an idea of the kind of volunteering activities that would interest you (for example: administration, reception, care, driving, shops, fundraising).

Level of Commitment

Please give us an idea of how much time you would like to commit to volunteering with Pilgrims Hospices. If it is your preference to volunteer on particular set days and times, please include this information below.

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. Any information given will be completely confidential.

Please note, for all of our patient/family contact roles, you will be required to undertake an enhanced or enhanced with barring list Disclosure and Barring Service (DBS) check.

All applicants' declaration: Do you have any unspent convictions? Yes No

ONLY answer the declaration below if the role you are applying for is exempt from the Rehabilitation of Offenders Act 1974. *The role advertisement will specify if this applies.*

Exempt declaration: Do you have any convictions, cautions, reprimands or final warnings which are not protected as defined in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?

Yes No

Further advice and guidance on disclosing a criminal record can be obtained from [Nacro](#), the national crime reduction charity.

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:*

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE SIGNING AND SUBMITTING YOUR APPLICATION

I am willing to undertake an Induction session and attend any training considered to be relevant to the volunteer role. I also understand that Pilgrims Hospices will need to perform certain checks, which could include the following:

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|---|---|
| Check by the Disclosure & Barring Service | Driving records, e.g. driving licence/motor insurance |
| References | Fitness to volunteer |

How we use your information

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 **(this is subject to confirmation)** after you have stopped volunteering for Pilgrims Hospices. The records of unsuccessful applicants will be destroyed 6 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.

Keeping you informed

We would like to keep you informed of our work through a variety of means. In order to comply with recent General Data Protection Regulations (GDPR) legislation, please indicate how you would like to receive updates and information from Pilgrims Hospices. Please ensure you tick all relevant boxes:

| Contact Method | Voluntary Service | | Hospice News & Events | |
|----------------|-------------------|----|-----------------------|----|
| | Yes | No | Yes | No |
| | | | | |

| | | | | |
|-----------------|--|--|--|--|
| Email | | | | |
| Phone | | | | |
| Post | | | | |
| Text/SMS | | | | |

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 confirm that I give consent for my referees to be contacted.

| | | |
|-------------------------------|--|--------------|
| Applicant's Name: | | Date: |
| Applicant's Signature: | | |

Please return the completed form to the Volunteer Recruitment Team at your preferred Hospice site from the list below:

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

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