



Pilgrims Hospices Volunteer Application Form

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.

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			
		E-mail			
Postcode:-	Unless you request otherwise, where an email address is provided, this will be used as the preferred method of contact.				
Correspondence Address (if different from above) :-		Have you a current driving licence?	Yes	No	
Postcode:-		Class of Licence	Full	Prov	
		Do you have the use of your own transport?	Yes	No	

Please do check your email account (including your spam/junk folder) for communications from us.

Emergency/Next of Kin Contact

Please provide details of the person to be contacted if you have an emergency situation

Name:-	Relationship to you:
Address:-	
Postcode:-	
Home Telephone Number:-	Mobile Telephone Number:-
Work Telephone Number:-	

About You

Please tell us a little about why you want to volunteer for Pilgrims Hospices. Feel free to include any additional information that you would like to tell us to support your application by using the continuation sheet.

References

Please give details of **TWO** people from whom confidential references may be obtained. If you are employed or have recently left employment then the first referee should be your employer. If you have volunteered elsewhere or are still volunteering, then one referee should be your volunteer placement contact. Additional referees can be employers or friends **who have known you for at least TWO YEARS**, but must **NOT** be family members.

Referee 1

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

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

Your personal circumstances

Given the nature of our work, any recent bereavements 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).

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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 Declaration

Do you have a health condition or are you taking any medication which may affect your ability to volunteer with Pilgrims Hospices? *It is very important that you tell us about any health issues, including mental health, significant illness or any disability so that we can establish whether we can provide relevant support.*

If there are any changes to your health that may affect your ability to volunteer, you must let us know immediately. If not, it may invalidate our insurance cover for you.

For certain volunteer roles, such as Volunteer Drivers, we will ask your GP to confirm your fitness to undertake the role.

**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 authorise Pilgrims Hospices to perform certain checks which could including the following:

- Disclosure check by the Disclosure & Barring Service
- Driving Record
- References
- Health and fitness to volunteer

I understand that the information collected during checks will be limited to that appropriate in determining my suitability for particular types of volunteer work and that all such information collected during the check will be kept confidential.

Equality & Diversity

Pilgrims Hospices will not discriminate because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race (which includes colour, nationality and ethnic or national origins), religion or belief, and sex or sexual orientation.

Confidentiality

Whilst undertaking volunteering with Pilgrims Hospices, you may receive confidential information and by signing this application you agree that all details and information seen and discussed will remain completely confidential.

Data Protection

The information that you provide will be processed by Pilgrims Hospices to fulfill its statutory and organisational requirements in accordance with the Data Protection Act 1998 and other relevant regulations. We will only use the information we hold about you in relation to your voluntary work. We will only collect the minimum information necessary to fulfil that purpose, and keep the information for as long as we require it for this purpose.

It is occasionally necessary for Pilgrims Hospices to make your email address or contact telephone numbers available to other staff or volunteers. For example, in order to arrange cover for shifts or contact a next of kin in an emergency. Any information disclosed under such circumstances will be the minimum required and your personal data will under no circumstances be made publically available. By signing this application you consent to Pilgrims Hospices retaining and processing this information under current Date Protection Act legislation.

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

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

Please return the completed form via email, to the Relevant Volunteer Manager for your preferred Volunteer Role.

Continuation Sheet

Please use this sheet if you need more space or want to provide additional information:-

A large empty rectangular box with a black border, intended for providing additional information.

This page is left deliberately blank

Equal Opportunities Monitoring Form – Volunteers

This form does not form part of the selection process and will be detached on receipt of the application and held confidentially and in accordance with the requirements of the Data Protection Act 1998.

Pilgrims Hospices are committed to the operation of volunteering procedures and conditions that provide for equal opportunities. We use this anonymous information to understand who is applying to volunteer with Pilgrims Hospices and to ensure the effectiveness of our Equal Opportunities Policy.

Disability – the Equality Act 2010 defines a disability as a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

1. Do you consider that you have a condition (medical or otherwise) which would be likely to have an effect on your ability to carry out your volunteering?

No Yes

If yes - please describe what, if any, reasonable adjustments you would need to enable you to perform effectively at a selection event or in subsequent volunteering:

2. What is your nationality?

3. What is your ethnic origin?

White

- British or Mixed British
- English
- Northern Irish
- Scottish
- Welsh
- Any other - please state
- Prefer not to say

Asian or Asian British

- Pakistan
- Indian
- Bangladeshi
- Chinese
- Any other - please state
- Prefer not to say

Black or Black British

- African
- Caribbean
- Any other - please state
- Prefer not to say

Mixed

- White and Black Caribbean
- White and Asian
- White and Black African
- Any other please state
- Prefer not to say

Other ethnic group, please state:

4. What is your gender?

- Female
- Male

5. What is your age?

6. To which religion/belief group do you belong?

- | | | | |
|------------------------------------|---|---|--|
| <input type="checkbox"/> Baha'i | <input type="checkbox"/> Islam (Muslim) | <input type="checkbox"/> Rastafarianism | <input type="checkbox"/> None |
| <input type="checkbox"/> Buddhism | <input type="checkbox"/> Jainism | <input type="checkbox"/> Sikhism | <input type="checkbox"/> Other |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Judaism | <input type="checkbox"/> Zoroastrian | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Hinduism | <input type="checkbox"/> Pagan | | |

Thank you for completing this form