

# 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.

<b>If applying for an advertised position please confirm which specific role interests you:</b>	
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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				
	Have you a current driving licence?	<b>Yes</b>		<b>No</b>	
	Class of Licence	<b>Full</b>		<b>Prov</b>	
	Postcode:-	Do you have the use of your own transport?	<b>Yes</b>		<b>No</b>

### 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?

**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. Referees will not be contacted until a formal offer to undertake volunteering has been made.

**Referee 1**

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

**Referee 2**

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

**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). Feel free to include any additional information by adding a separate sheet.

**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:

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

**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.

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**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 referees to be contacted.

<b>Applicant's Name:</b>	<b>Date:</b>
<b>Applicant's Signature:</b>	

**Please return the completed form to the Volunteer Recruitment Team at your preferred Hospice site or the Hospice nearest to a shop you may wish to work in:**

**Ashford:** Pilgrims Hospices, Hythe Road, Willesborough, Ashford, TN24 0NE or [ashford.volunteers@pilgrimshospices.org](mailto:ashford.volunteers@pilgrimshospices.org)

**Canterbury:** Pilgrims Hospices, 56 London Road, Canterbury, CT2 8JA or [canterbury.volunteers@pilgrimshospices.org](mailto:canterbury.volunteers@pilgrimshospices.org)

**Thanet:** Pilgrims Hospices, Ramsgate Road, Margate, CT9 4AD or [thanet.volunteers@pilgrimshospices.org](mailto:thanet.volunteers@pilgrimshospices.org)



# 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 2018.

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 advise us of 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
- Prefer not to say

**Gender identity**

Have you ever identified as a transgender person or trans person? (for the purpose of this question, 'transgender' is defined as an individual who lives, or wants to live, full-time in the gender opposite to that which they were assigned at birth)

- Yes
- No
- Prefer not to say

**5. What is your date of birth?**

**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**