



VOLUNTEER APPLICATION FORM

Our volunteers are vital to our service, thank you for your interest in us.

PERSONAL DETAILS:	
Title:	Telephone (Mobile): (Home):
Surname:	Email:
First name(s)	Date of birth:
Known as:	
Address and postcode:	
AVAILABILITY: Please give details of your availability e.g. Week day, day time, evenings and weekends.	
	Mon Tue Wed Thu Fri Sat Sun
AM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EVE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
WHERE YOU WOULD LIKE TO VOLUNTEER?	
Receptionist <input type="checkbox"/>	Patients' Leisure Activities <input type="checkbox"/>
Driver <input type="checkbox"/>	Complementary Therapy <input type="checkbox"/>
Ward Clerks <input type="checkbox"/>	Sitter – community and in house <input type="checkbox"/>
Spiritual Care <input type="checkbox"/>	Fundraising <input type="checkbox"/>
Homemaker (non-nursing care of patients) <input type="checkbox"/>	Counselling <input type="checkbox"/>
	Maintenance Technician <input type="checkbox"/>
Retail – highlight which shop you would prefer to work in	
Hereford – Holme Lacy Road, Folly Lane, St Owens Street, Eign Gate, Whitecross Road	
County shops - Bromyard, Hay, Kington, Ledbury, Leominster, Leominster Coffee and bookshop, Malvern, Presteigne, Ross, Tenbury Wells	
Home and Living Stores – Holmer Road, Hereford; Whitecross Road, Hereford, Ross, Leominster	
OTHER EXPERIENCES & SKILLS	
Please give details of other experiences and skills that may be useful to the Hospice	
YOUR EXPERIENCE, SKILLS AND REASON FOR VOLUNTEERING: <i>(please complete this or attach a CV)</i>	
REFERENCES: Please give details of two referees who have known you for more than two years and are not related to you. One reference should be a business reference.	
Name: Relationship: Address: Postcode: Telephone No: Email address:	Name: Relationship: Address: Postcode: Telephone No: Email address:

VOLUNTEER HEALTH QUESTIONNAIRE - We wish to ensure that any volunteer role offered will not put your health or well-being, or the safety of our patients, customers, staff and other volunteers at risk. It is important that you declare health issues that may affect your ability to fulfil the key duties of the volunteer role you have applied for. Where reasonable adaptations can be made to make volunteering possible these will be considered. We may ask for some more information to help us make sure that the role you have applied for will be suitable.

Are you aware of any health conditions which might make it difficult for you to fulfil the key duties of the volunteer role you are applying for? Yes No If yes, please give further information

Do you consider that you would require adaptations to your volunteering environment or routines as a result of a current health condition or disability? Yes No If yes, please give further information

CRIMINAL CONVICTIONS: DISCLOSURE

We ask everyone who applies to become a volunteer to disclose all convictions, including spent ones. Work as a volunteer for St Michael's Hospice is covered by the exemption order of 1975 relating to Section 4 (2) and Section 4 (3b) of the Rehabilitation of Offenders Act 1974. Applicants are not entitled to withhold any information about criminal convictions, however long ago these occurred. Failure to disclose such convictions could result in being released from a volunteer role. The information you give us will be held in strict confidence. All appropriate volunteer roles at the Hospice are subject to a Disclosure and Barring Service (DBS) check. Please note that when appropriate, criminal records may be discussed at interview. Have you ever received a criminal conviction? _____ (please answer YES/NO) If yes, please give details:

DECLARATION

I declare that the information given on this form, and on any accompanying documents, is true to the best of my knowledge and belief. I understand that, if successful, computer records and personal data will be created to maintain records in confidence, solely for the use of the Hospice.

Signed: _____ Date: _____

Print name: _____

PARENT/GUARDIAN CONSENT (This is required for Volunteers under 16)

I give consent for _____ to volunteer for St Michael's Hospice.

Signed _____ Date _____ Relationship to Volunteer _____

EMERGENCY CONTACT DETAILS (who to contact in the event of an emergency?)

Name: _____ Relationship to you: _____

Tel Number:(including area code) _____ Mobile: _____

Address: _____

Please email the completed form to volunteer@st-michaels-hospice.org.uk or return a hardcopy of this form to the Volunteer Dept, St Michael's Hospice, Bartestree, Hereford HR1 4HA.

EQUAL OPPORTUNITIES MONITORING FORM

St Michael's Hospice is an Equal Opportunities promoter and will not unlawfully discriminate against anyone. This form is used to help us ensure that our volunteer recruitment practices comply with our Equal Opportunities policy. You do not have to answer the questions on this form. Any information you do provide will be treated completely confidentially and will be used solely for the purposes of equal opportunities monitoring. If you do wish to complete the form, please complete this as fully as possible. Please fill in or tick the boxes below as applicable.

NAME	
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WHERE DID YOU FIRST HEAR OF THIS VACANCY?

Personal Recommendation		Advert Press		Advert Internal		Advert other	
Volunteer Centre		Previously Volunteered for SMH		Accessed St Michael's Facilities		Heard through our events	
Website		Facebook / Twitter		Recruitment Fair			
Other – Please specify							

GENDER	Male		Female		
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ETHNIC ORIGIN

White <input type="checkbox"/>	Asian/Asian British <input type="checkbox"/>	Black / African/ Caribbean/ Black British <input type="checkbox"/>	Other Ethnic Group <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
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DISABILITY

Do you consider yourself to have a disability according to the definition below?	Yes		No	
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Generally speaking, we consider a disability to be: a physical or mental impairment which has a substantial and long term (12 months or more) adverse effect on a person's ability to carry out normal day-to-day activities, or a progressive condition such as cancer, HIV or MS.

If "Yes" please give brief details below: *[continue overleaf if necessary]*

RELIGION (mark one box only)

Buddhist <input type="checkbox"/>	Christian <input type="checkbox"/>	Hindu <input type="checkbox"/>	Jewish <input type="checkbox"/>	Muslim <input type="checkbox"/>
Sikh <input type="checkbox"/>	None <input type="checkbox"/>	Other <input type="checkbox"/>	Prefer Not to Say <input type="checkbox"/>	

SEXUAL IDENTITY (mark one box only)

Heterosexual <input type="checkbox"/>	Homosexual <input type="checkbox"/>	Transgender <input type="checkbox"/>
Other <input type="checkbox"/>	Prefer Not to Say <input type="checkbox"/>	