

Department or Area:



**VOLUNTEER APPLICATION FORM
CONFIDENTIAL**

Thank you for your interest in volunteering for Lindsey Lodge Hospice, we are delighted to welcome you.

Please complete the details below:

Surname.....Title.....

Forename..... Gender.

Date of birth (for monitoring purposes only) ____/____/____ Likes to be known as

Address.....

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.....Postcode.....

Email address.....

Telephone Number (day).....(evening).....

Mobile Number.....

EMERGENCY CONTACT DETAILS

NAME.....Relationship.....

Address.....

.....Postcode.....

Telephone No.....Mobile.....

Please Tick	I work (full or part time)		I don't work/I am retired:		I am a student:	
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Can you give us an idea of your availability?		Mon	Tues	Weds	Thurs	Friday	Saturday	Sunday
	AM							
Flexible		PM						

HEALTH & SAFETY

Are you generally in good health? YES/NO

In order to keep you safe, do you have any other needs/conditions we should be aware of?

We will always try to modify roles to allow you to volunteer and we will undertake further risk assessments where necessary

YES/NO (If yes, please provide further details)

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It is important that you inform the Hospice should you suffer from any illness whilst you are with us that might affect your ability to volunteer for the organisation, or that could put you or others at risk.

GENERAL INFORMATION

Have you suffered a close bereavement in the last 5 years? If 'Yes' please supply the dates

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Please tell us why you are interested in volunteering for the hospice and whether there's a particular area you'd like to volunteer in or a particular skill you can offer.

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Please tell us a little bit more about yourself-your education/work history, voluntary experience, leisure activities, hobbies etc.

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REHABILITATION OF OFFENDERS ACT 1974

Lindsey Lodge is committed to equality and diversity and recognises the contribution that all people can make as volunteers, so we welcome enquiries from everyone. We recognise that some individuals may have criminal records and may be reluctant to apply where this would involve the disclosure of their record. Please be assured that we will handle any information provided below in confidence. Should you disclose them, we will not take into account convictions deemed spent under the Rehabilitation of Offenders Act, unless the position is exempt from the Act.

Because of the nature of the work you are applying for, some of the positions are exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act (Exceptions) Order, 1975. Applicants are therefore, not entitled to withhold information about convictions which for other purposes are “spent” under the provisions of the Act. Any failure to disclose such convictions could result in the volunteer offer being withdrawn. A pending or previous criminal conviction(s) will not necessarily prevent you from volunteering. We consider each case on an individual basis.

Please tick the appropriate boxes below:

YES NO

Are you currently the subject of any police investigation and/or prosecution in the UK or any other country?		
Have you ever been convicted of any criminal offence required by the law to be disclosed, received a police caution in the UK or a criminal conviction in any other country?		
Are you currently the subject of any investigation or proceedings by any body having regulatory functions in relation to health/social care professionals including such a regulatory body in another country?		
Have you ever been disqualified from the practice of a professional required to practice it subject to specified limitations following a fitness to practice investigation by a regulatory body, in the UK or another country?		

If you have answered “YES” to any question, please give details on a separate sheet, place in a sealed envelope and attach it to this application.

REFERENCES

It is the policy of Lindsey Lodge Hospice that volunteers require one satisfactory character reference before they join the organisation. Please supply the contact details of one referee below. ***A referee cannot be a future line manager or related to you by blood or marriage.*** The referee should be over 18 years of age and should preferably have some knowledge of you in a work capacity and preferably have known you for at least 2 years.

Referee

Name..... Title..... Relationship.....

Address.....

Post Code..... Tel no (inc Code).....

Email address:.....

DECLARATION

I wish to become a volunteer for Lindsey Lodge Hospice, I agree that all information I have submitted within this application is true and accurate. I also agree to the one reference being taken up.

Signature of applicant: -

Date of application: -

Parent/guardian (if the applicant is under 18 years of age)

I (Print name) agree that my child can become a volunteer for Lindsey Lodge Hospice.

Signature

Date

You will automatically be added to our staff and volunteer database so that we can keep you updated about 'all things volunteering'. You will be given access to our monthly Team Talk newsletter which includes hospice news, and news about events, campaigns, the lottery and superdraw.

How would you like to hear from us? Please tick all the boxes that apply:

- Email Text message Post Phone

You can change your preferences at any time, to do this simply contact us on 01724 270835 and ask for Fundraising or email us.

Any information given on this form is confidential and will only be used in accordance with the General Data Protection Regulation 2018.

If you would like more information about how we look after your personal information please go to www.lindseylodgehospice.org.uk for our full privacy policy.

We look forward to receiving the completed form either by email to: lh.volunteering@nhs.net or by post to Lindsey Lodge Hospice, Burringham Road, Scunthorpe DN17 2AA

If you have any queries please contact our Volunteer Services Manager on 01724 270835.