

**LINDSEY LODGE HOSPICE**

VOLUNTEER APPLICATION FORM

**CONFIDENTIAL**

Thank you for your interest in volunteering for Lindsey Lodge Hospice,

Please complete the all sections:

**PERSONAL DETAILS**

Surname……………………………………………………………………………………………….Title………………………………………….

Forename……………………………………………………………………..….……………………Gender. …………….……………………

Likes to be known as ………………………..……………………………………………………………………………………………………

Date of birth (for monitoring purposes only) \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

Address…………………………………………………………………………………………………………………………………………………….…

……………………………………………………………………………………………………………………………………..………….……….………

…………………………………………………………………………………………………………Postcode…………………..……………………

Email address…………………………………………………………………………………………………………………………………………….

Telephone Number……………………………………………………Mobile number……………………………………………………..

**EMERGENCY CONTACT DETAILS**

NAME……………………………………………………………………………………………….Relationship…………………………….………

Address……………………………………………………………………………………………………………………………………………….………

……………………………………………………………………………………………………….Postcode……………………………………………

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Please Tick | I work full/part time |  | I don’t work/  I am retired |  | I am a student |  |

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

Details of the various volunteer roles can be found on our website: www.lindseylodgehospice.org.uk

**Please tick** which area you are interested in volunteering for **maximum of 3**

**Retail Roles**

Shop volunteer Preferred shop:………………………………………………………..

Distribution and Donation Centre volunteer

Distribution Driver’s Assistant

**At the Hospice**

Reception volunteer

Admin volunteer

Volunteering in our Meet and Eat Cafe

In-Patient Unit volunteer

Wellbeing Centre volunteer

Gardening volunteer

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please indicate possible availability | |  | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| AM |  |  |  |  |  |  |  |
| Flexible |  | PM |  |  |  |  |  |  |  |

**HEALTH & SAFETY**

**It is important that you inform us 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.**

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

During your volunteering placement, you may come into contact with members of the public with underlying health conditions. It has been established that vaccination against coronavirus not only significantly reduces your chances of becoming seriously ill with Covid, but also significantly reduces your chances of infecting others.

The Board has, therefore, decided it is a condition of your placement that, other than for sound medical reasons, you must be, and remain, vaccinated against the virus by a vaccine approved by MHRA and when requested provide details of vaccination or of the sound medical reason for exemption

Please confirm your Covid vaccination status by completing the information below.

Have you had your Covid vaccinations YES / NO

Dates of vaccinations 1st ………………. 2nd ………………. Booster ……………….

Where individuals have sound medical reason for exemption from Covid vaccinations, please contact the Workforce Team for further discussion

Whilst not wishing to invade your privacy, we hope you will appreciate our need to ask whether you have experienced a bereavement or family crisis which could make volunteering within certain areas difficult for you, or may mean that some volunteering roles are not appropriate for you at this time

Please give brief details and include the year(s)

…………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………….…………………

…………………………………………………………………………………………………………………………………..……………………………….

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?

**YES / NO** If yes, please provide further details:

……………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………..

**Criminal Records Checks – Disclosure and Barring Service**

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 in strict confidence.

Lindsey Lodge Hospice is exempt from the **REHABILITATION OF OFFENDERS ACT 1974.**

This means that people helping the Hospice service are required to declare any

Cautions / Prosecutions / Convictions including those which are considered “spent” under this Act.

A pending or previous criminal conviction(s) will not necessarily prevent you from volunteering.

We consider each case on an individual basis.

Have you ever been convicted of a criminal offence? **YES / NO**

If you have information to declare please give details on a separate sheet, place in a sealed envelope marked ‘Confidential’ and attach it to this application.

Any information provided will be treated in the strictest confidence and only considered in relation to its relevance to the volunteering position being applied for.

Some volunteer positions will require a DBS clearance, whether as a requirement of the Care Quality Commission and/or because the role comes under the description of a ‘regulated activity’.

Any discrepancy between the information supplied by the prospective volunteer and information contained within the DBS disclosure may lead to the withdrawal of the volunteer position being offered

**Data Protection**

* Great care will be exercised to preserve the confidentiality of applicants to meet the requirements of the current Act.
* No information is revealed to any other organisation.
* Some of your personal details will be held on the Hospice’s central database.
* Your details will be confidentially recorded and protected.
* Some information will be used anonymously so we can monitor our compliance with data protection law and best practice in terms of equal opportunity and non-discrimination

**Please tick the box to confirm you have read and understood this statement**

You have the choice to opt out from receiving further communications from us.

If you **do not want** to be included in our fundraising and supporters mailing lists,

please tick this box

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

If you would like more information about how we look after your personal information please go to [www.lindseylodgehospice.org.uk](http://www.lindseylodgehospice.org.uk) for our full privacy policy.

**REFERENCES**

It is the policy of Lindsey Lodge Hospice & Healthcare that volunteers require 2 satisfactory character references before they join the organisation. Please supply the contact details of two referees below.

**Please Note:**

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.

**Your referee must have known you for a minimum of 12 months but preferably more than 2 years**

***Referee 1***

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

Address …………………………………………………………………………………………………………….…………………….…………...….

……………………………………………………………………….. Post code…………………………………………………………………......

Tel no..…………………………….……………………. Email ………………………………………………………………………………………

Length of time the referee has known you: …………………………………………………………

***Referee 2***

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

Address …………………………………………………………………………………………………………….…………………….…………...….

……………………………………………………………………….. Post code…………………………………………………………………......

Tel no..…………………………….……………………. Email ………………………………………………………………………………………

Length of time the referee has known you: …………………………………………………………

**Please be advised that if you are not a permanent resident of the UK or are temporarily studying in the UK you may need to check with the UK Border Agency website to ensure you are legally able to volunteer in the UK**

**DECLARATION**

**I wish to become a volunteer for Lindsey Lodge Hospice & Healthcare…………………………………………**

**I confirm that all information I have submitted within this application is true and accurate**

**to the best of my knowledge………………………………………………………………………………………………………………..**

**I recognise that failure to declare any relevant information or to supply the details required**

**may result in my volunteer role being discontinue …………………………………………………………………………..**

**I agree to references being taken up ……………………………………………………………………………………………….…**

**Signature of volunteer: - ………………………………………………………..…………………………………………….…………**

**Date of application: - …………………………**

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

**I (Print name) ................................................................... agree that my child can**

**become a volunteer for Lindsey Lodge Hospice & Healthcare**

**Signature …………………………………………………………………………………………………………………………………………**

**Date ……………………………………………………**

**Thank you for considering to volunteer for Lindsey Lodge Hospice and Healthcare.**

We look forward to receiving the completed form either by email to: [llh.volunteering1@nhs.net](mailto:llh.volunteering1@nhs.net)

or by post to Lindsey Lodge Hospice & Healthcare, Burringham Road, Scunthorpe DN17 2AA