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| **Voluntary Services** St. Michael’s Hospice (North Hampshire) Basil de Ferranti House, Aldermaston Road, Basingstoke, Hants, RG24 9NBTel: 01256 844744www.stmichaelshospice.org.ukEmail: volunteer@stmichaelshospice.org.uk | SMH_CMYK-150ppiCharity Number: 1002856 |
| RETAIL VOLUNTEER APPLICATION FORM |
| Personal Details |
| Surname: |   Dr/Mr/Mrs/Miss/Ms/other:  |
| Forename: |  Date of Birth: |
| Address:*Postcode:* |
| Home Telephone: |   Mobile Telephone: |
| Email address: |  Do you hold a current full UK driving licence? |
| Emergency Contact Name / Relationship to you: |   Emergency Contact Telephone Number:  |
| Have you suffered any bereavement within the last 2 years?  | Do you have any medical conditions that we should be aware of? (*Volunteers are not required to complete a medical form but we ask that you provide any relevant Information)* |
| Criminal Records Disclosure |
| Due to the nature of our work, some of our Hospice volunteer roles require you to undertake a criminal record check via the Disclosure & Barring Service. We are exempt from the Rehabilitation of Offenders Act1974, and you are required to declare all criminal convictions whether or not they are 'spent'. Your declaration will be treated in strict confidence and will be considered only in relation to this application. Please provide any details on a supplementary sheet and attach to this form. |
| Other Relevant Information |
| Is there any other relevant information St. Michaels Hospice should be aware of when considering your application? |
| Volunteering at St. Michael’s Hospice Shops |
| Why do you want to become a Hospice Shop Volunteer? |
| Do you have any experience of voluntary work? If ‘Yes’, please state: |
| Do you have any retail or customer service experience? If ‘Yes’, please state: |
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|  Which areas would you be interested in working in? Please tick: |
|  | * Alton
 | * Brighton Hill
 |
|  | * Chineham
 | * Distribution and Sorting Centre
 |
|  | * Furniture Store
 | * Four Marks
 |
|  | * Kempshott
 | * Hook
 |
|  | * Overton
 | * South Ham
 |
|  | * Tadley
 | * Wote Street
 |
|  | * Van Driver
 | * Van Driver’s Mate
 |

When would you be available to volunteer? Please indicate if you would prefer weekday or weekend shifts:* Monday: AM:  PM: 
* Tuesday: AM:  PM: 
* Wednesday: AM:  PM: 
* Thursday: AM:  PM: 
* Friday: AM:  PM: 
* Weekends: AM:  PM: 
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| References |
| Please give the name of a person from whom a reference can be obtained. This should not be a relative or the person you will be working for and preferably should have known you for at least 2 years. |
| Name (Dr/Mr/Mrs/Miss/Ms) |
| Relationship: |
| Address: |
| Telephone or Email |
|  |
| Protecting Your Information  |
| **How we use your information**The information you provide on this application form will be used to process your application as part of our recruitment and selection process and to create and manage your information on our volunteer records. Information shall be stored on the St Michael’s Hospice internal database and your contact details will be shared with managers and team leaders. We never sell or swap your details with any third party unless we are required by law to do so. All information shall be stored and used in accordance with the Data Protection Act 1998 and any subsequent legislation and/or regulations. **Keeping you informed**We would like to keep you informed of our work through a variety of means. In order to comply with legislation, please indicate how you would like to received updates and information from St. Michaels Hospice. Please ensure you tick all relevant boxes.We will still send you communication as required by law.

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| Contact Method | VoluntaryService | Marketing  | Fundraising |
| Yes | No | Yes | No | Yes | No |
| Email |  |  |  |  |  |  |
| Phone |  |  |  |  |  |  |
| Post |  |  |  |  |  |  |
| Text/SMS |  |  |  |  |  |  |

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| We often take and use images for publicity, would you be happy for us to take and use your images whilst you carry out your volunteering with us in this way? | Yes |  | No |  |

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| **Declaration**Have you attached any supporting or additional information? YES/ NO \*I can confirm that the information provided on my application form is true. I have not deliberately withheld any relevant information and I give consent to St Michaels Hospice carrying out background and character checks as required.**Signature: Date:**  |
| For office purposes only: |