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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 |
| 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 and other Relevant Information  |
| 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 |
| Why do you want to become a Hospice Volunteer? |
| Do you have any experience of voluntary work? |
| Current or previous occupation(s): |
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|  Which areas would you be interested in working in? Please tick: |
|  | * Administrative Support
 | * Befriending (Odiham Cottage Hospital)
 |
|  | * Bereavement Counsellor\*
 | * Complementary Therapist\*
 |
|  | * Fundraising Events & Collections
 | * Flower Arranging/Gardening
 |
|  | * Kitchen
 | * Maintenance
 |
|  | * Patient Driving
 | * Patient Support
 |
|  | * Reception
 | * Retail Shops
 |
|  | * Van Driver / Driver’s Mate
 | □ Distribution & Sorting Centre |

(\*These roles require an appropriate qualification.)Do you have any skills or experience relevant to the selected roles?  |
| When would you be available to volunteer? Please indicate if you would prefer weekday, weekend or evening roles: |
| References |
| Please give the names of two people from whom references can be obtained. These should not be relatives and preferably should have known you for at least 2 years. |
| Name (Dr/Mr/Mrs/Miss/Ms) |  Name (Dr/Mr/Mrs/Miss/Ms) |
| Relationship: |   Relationship: |
| Address: |   Address: |
| Telephone: |   Telephone: |
| Email: |   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 will never sell your data to a third party. **Keeping you informed**We would like to keep you informed of our work through a variety of means. In order to comply with recent GDPR legislation, please indicate how you would like to receive updates and information from St. Michael’s Hospice. Please ensure you tick all relevant boxes.

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| Contact Method | VoluntaryService | Hospice News & Events |
| 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 |
| 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: |