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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 (please specify):  |
| 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: **must be completed** |  Emergency Contact Telephone Number: **must be completed**  |
| 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 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. |
| Have you had any experience of voluntary work?haV |
|  **Volunteer Roles – please tick the role(s) you are interested in:** **Retail**

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| * Alton
 | * Brighton Hill
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| * Chineham
 | * Donation Centre
 |
| * Furniture Store
 | * Four Marks
 |
| * Kempshott
 | * Hook
 |
| * Overton
 | * South Ham
 |
| * Tadley
 | * Wote Street
 |
| * Van Driver/Drivers Mate
 | * Donation Centre Parking support
 |
| * Online Sales
 | * Student Work Experience Placement
 |

When would you be available to volunteer? Please indicate if you would prefer weekday or weekend shifts:* Thursday: AM:  PM: 
* Friday: AM:  PM: 
* Weekends: AM:  PM: 
* Monday: AM:  PM: 
* Tuesday: AM:  PM: 
* Wednesday: AM:  PM: 

Do you have any retail or customer service experience? (full training will be given) If ‘Yes’, please state:Why do you want to become a Hospice Shop Volunteer? **Hospice**

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| * Administration Support
 | * Complementary Therapist\*
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| * Bereavement Counsellor\*
 | * Flower Arranging
 |
| * Fundraising - helping at events
 | * Gardening
 |
| * Fundraising - helping with collections
 | * Patient Support
 |
| * Presenting/talking to groups
 | * Maintenance
 |
| * Patient Driving
 | * Living-Well Centre
 |
| * Kitchen
 | * Weekend Reception
 |

(\*these roles require an appropriate qualification)Do you have any skills or experience relevant to the selected roles?  |
| Current or previous occupation(s): |
| When would you be available to volunteer? Please indicate if you would prefer weekday, weekend or evening roles: |
| Is there any other relevant information St. Michael’s Hospice should be aware of when considering your application? |
| References |
| Please give the names of 2 people 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. **MUST BE COMPLETED** |
| Name (Dr/Mr/Mrs/Miss/Ms) | Name (Dr/Mr/Mrs/Miss/Ms) |
| Relationship: | Relationship: |
| Address:Telephone: | Address:Telephone: |
| Email: **Preferred Method** | Email: **Preferred Method** |
| **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’s internal database and your contact details will be shared with relevant 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.At St. Michael’s, we’re committed to protecting your personal information and privacy. For information about our Privacy Policy, visit **www.stmichaelshospice.org.uk/privacy-notice/****Keeping you informed**We’d like to use the details you provided to send you information and updates about your role, including our monthly volunteer bulletin. Our preferred way to contact you is email as it helps to keep our costs down. Please tell us how you’d like to be contacted:

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| Contact Method | VoluntaryServices |
| Email **(preferred** **method\*)** |    |
| Phone |    |
| Post |    |
| Text/SMS |   |

**\*If you tick email above, please do make sure you provide us with your email on page 1.****Latest news from the Hospice**We’d love to keep you up to date with news, fundraising appeals, events and stories from our Hospice using the contact details you’ve provided in your application. If you’d like to hear from us, please let us know how by ticking the box below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Email | Yes |   | No |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Post | Yes |   | No |   |

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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 are volunteering with us in this way? | Yes |   | No |   |

**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.**Other Information**Do you have the right to take up volunteering in the UK? Yes / No Do you require a work permit? Yes / No*The Asylum and Immigration Act 1996* requires us to seek proof of your right to work/volunteer in the UK. If you are invited for interview, and you are successful, you will need to provide the relevant original document(s).**Signature: Date****If you are in full time secondary education, please provide the contact details of a parent/carer:****Name: ……………………………………………………………………. Duke of Edinburgh Level: (if applicable)** **…………………………………………………………….****Relationship: ………………………………………………………… Dates of Work Experience Placement Required: (if applicable)****Email address: ………………………………………………………. …………………………………………………………....****School: …………………………………………………………** |