

TEMPORARY EVENT VOLUNTEER APPLICATION FORM

If you are interested in volunteering for our 'Sea of Sunflowers' display, please complete the below information and return to Hospice at Home West Cumbria by no later than Tuesday 1st July. All training will be provided, with an induction session to take place at St Bees Priory week commencing 28th July, and we welcome any questions you may have about the event and volunteering.

This information together with any other personal records will be treated as strictly confidential. If additional space is required please use a separate sheet of paper placing your name in the top right corner.

Event information

The display will take place at St Bees Priory, St Bees, and will be open from Saturday 2nd August - Sunday 17th August, with set up taking place from Monday 28th July. Volunteer support may be required for set up, and will be required for the duration of the display to man our hospice stall, with flexibility to attend as little or as much as you can.

Personal information

1.	Mr/Mrs/Ms/Other:
	Name:
	Address:
	Post code:
2.	Tel. no: Mobile no:
3.	E-mail address:
4.	Have you ever volunteered or are currently volunteering? □ Yes □ No
	If yes, in what capacity:
5.	What is your reason for applying to be a volunteer at this event and what do you hope to gain from the experience?
7.	Please tell us about any specific needs you would like us to take into account e.g. mobility.
8.	How did you hear about volunteering with Hospice at Home West Cumbria for this event?

9.	Please indicate your availability below (we will discuss specific dates and times once we have reviewed your application):							
	Monday		Tuesday		Wednesday			
	Thursday		Friday		Saturday		Sunday	
during t	he event. Fo other volun	ollowing the ev	vent, we w	ould like to ke	ep you up-to-o	date about our v	ovided above in the run up to and work, activities, and events, as wour preferred methods of	
Email 🗆	Post C	☐ Phone ☐	I do not	wish to be con	tacted \square			

General Data Protection Regulation (GDPR) and the Data Protection Act 2018

As part of the recruitment procedure we may collect and store sensitive personal data about you. We are required by law to obtain your consent to such data being recorded. It is our policy to store data relating to recruitment procedures for up to a year after the date on which it is submitted. Any information of this nature will be treated confidentially.

If accepted into a voluntary role any data collected will be stored securely for 12 months after the event date (in this case, 17 August 2026), unless you continue to volunteer for Hospice at Home West Cumbria.

Sensitive personal data is defined as information relating to any of the following: racial or ethnic origin, political opinions, religious beliefs, trade union membership, health, sexuality or sex life, offences and/or convictions.

Rehabilitation of Offenders Act

Due to the nature of the voluntary work for which you are applying, this post is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the rehabilitation of offenders Act (Exemptions) Order 1975. Applicants are therefore, not entitled to withhold information about convictions which are for other proposes regarded as 'spent'. Under the provision of the Act any information will be completely confidential. Failure to disclose convictions may result in you being unable to continue with a volunteering role. In offering any service as a volunteer, I agree to respect the confidentiality of any client/group with whom I may work.

Signature:	Date:					
For Office Use						
Date of commencement:						

Volunteer Diversity Monitoring Form

Hospice at Home West Cumbria is committed to operating a policy of equality and diversity and will not discriminate against any person. The information you provide will be treated in the strictest confidence and is for monitoring purposes only.

GENDER ☐ Female	☐ Male ☐ Prefer not to say									
AGE □ 18-24	□ 25-34	□ 35-44	□ 45-54	□ 55-64	□ 65+					
DISABILITY Do you consider	yourself to be a d	isabled person o	r do you have a l	ong term health co	ondition?					
☐ Yes ☐ No f you have answered yes, please provide us with details below										
ETHNIC ORIGIN										
White			Ethnicity		Asian or Asian British					
☐ British ☐ Irish			ite and Black Car ite and Black Afri		□ Indian □ Pakistani					
☐ Other			ite and Asian	ICali	☐ Bangladeshi					
		☐ Any	other Asian bac	kground	☐ Chinese ☐ Any other Asian background					
Black or Black Br □ Black Caribbe □ Black African □ Any other Bla	an	□ Ara □ Any	Ethnic Group b/Middle Easterr other backgrou fer not to say							