**Logo, company name

Description automatically generated**

**VOLUNTEER APPLICATION FORM**

**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.**

1. Mr/Mrs/Ms/Other: ………………………………………………………………………………………………………………………………

Name: …………...……..………………..………………...............................................................................................

Address: ……………………………………………………………………………………………………………………………………………….

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

1. Tel. no: …………………………………………………………………… Mobile no: ………………..……………………………………….
2. E-mail address: ...........................................................................................................................................
3. Have you ever volunteered or are currently volunteering? □ Yes □ No

If yes, in what capacity: ………………………………………………………..................................................................

1. Are you interested in any particular type of volunteer role(s)? (see our website for current vacancies)

....................................................................................................................................................................

1. What is your reason for applying to be a volunteer and what do you hope to gain from the experience?

....................................................................................................................................................................

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

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

1. Do you have any particular skills or hobbies, which you think would be helpful to us?

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

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

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

1. What qualifications do you have? …………………………………………………………………………………………….……………………………………………………………..

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

1. Do you have a current driving licence? □ Yes □ No

(If your answer is no, please go to question 10)

1. Do you have a car available? □ Yes □ No

(If answered yes, would you be prepared to use your own car in the course of voluntary activities?) □ Yes □ No

1. Please tell us about any specific needs you would like us to take into account e.g. mobility.

....................................................................................................................................................................

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

1. Have you suffered bereavement in the past two years? □ Yes □ No

If yes, please give details:

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

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

1. How did you hear about volunteering with Hospice at Home West Cumbria?

....................................................................................................................................................................

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

1. Please indicate your availability below:

Monday ..................... Tuesday ..................... Wednesday ......................

Thursday ..................... Friday ..................... Saturday ......................

1. Please state criminal convictions if any (this need not bar you from becoming a volunteer)?

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

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

Please supply us with the name and address of two people who you know you personally

(not relatives) - such as a past employer or voluntary agencies, who can be contacted to act as referees:

Name: …………………………….……………………………. Name: ………………………………………………

Address: ………………………………………………………… Address: ………………………..…………………….

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

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

Postcode: …………………………….………………………….. Postcode: ...................................................

Tel. No: ……..……………………………………………….……. Tel. No: …………………………………………………

Email: ……………………………………….…………………….. Email:……………………………………………………

**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 date you cease 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**

References sent for: ……………………………………………………………. References received: …………………………………………

Copy of driving licence/insurance (if applicable) attach to HHWC: ………………………………..……………………………………

DBS check: ………………………………… 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.

Volunteer role(s) applied for: ……………………………………………………………………………………………………………………………

**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 disabled person or do you have a long term health condition?

🞏 Yes 🞏 No

If you have answered yes, please provide us with details below

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

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

**ETHNIC ORIGIN**

White Mixed Ethnicity Asian or Asian British

🞏 British 🞏 White and Black Caribbean 🞏 Indian

🞏 Irish 🞏 White and Black African 🞏 Pakistani

🞏 Other 🞏 White and Asian 🞏 Bangladeshi

🞏 Any other Asian background 🞏 Chinese

🞏 Any other Asian background

Black or Black British Other Ethnic Group

🞏 Black Caribbean 🞏 Arab/Middle Eastern

🞏 Black African 🞏 Any other background

🞏 Any other Black background 🞏 Prefer not to say