



Make a difference at Weston Hospicecare

RETAIL VOLUNTEER APPLICATION FORM – CONFIDENTIAL

<input type="checkbox"/> MISS <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> MR <input type="checkbox"/> OTHER: FULL NAME: ADDRESS:	<u>CONTACT NUMBERS</u> HOME TEL: MOBILE: WORK TEL: EMAIL:															
POST CODE:	DATE OF BIRTH:															
<p>Please indicate where you would like to volunteer:</p> <p>If you wish to volunteer at the Hospice Business Hub, please indicate which role you are interested in:</p> <p>Can we contact you about helping at the various Weston Hospicecare fundraising events? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																
<p>How would you like us to contact you in the future (Please choose ONE option and delete others as applicable):</p> <p style="text-align: center;"><input type="checkbox"/> HOME ADDRESS <input type="checkbox"/> EMAIL <input type="checkbox"/> PLACE OF VOLUNTEERING <input type="checkbox"/> NO MAIL</p>																
<p>Where did you hear about Weston Hospicecare volunteering opportunities? (Please tick ONE box, if Other, please comment)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> 1. Friend / Colleague</td> <td style="width: 33%;"><input type="checkbox"/> 2. Family</td> <td style="width: 33%;"><input type="checkbox"/> 3. Weston Hospicecare Staff</td> </tr> <tr> <td><input type="checkbox"/> 4. Hospice Website</td> <td><input type="checkbox"/> 5. Social Media (e.g. Facebook)</td> <td><input type="checkbox"/> 6. Press/Advertisement</td> </tr> <tr> <td><input type="checkbox"/> 7. Volunteer Centre (& 'Do it' website)</td> <td><input type="checkbox"/> 8. Job Centre</td> <td><input type="checkbox"/> 9. Shop Poster</td> </tr> <tr> <td><input type="checkbox"/> 10. Buddy / Friends / Support Group</td> <td><input type="checkbox"/> 11. Hospice Event</td> <td><input type="checkbox"/> 12. Personal Experience of Hospice</td> </tr> <tr> <td><input type="checkbox"/> 13. Duke of Edinburgh</td> <td><input type="checkbox"/> 14. School</td> <td><input type="checkbox"/> 15. College</td> </tr> </table> <p>Other (Please specify):</p>		<input type="checkbox"/> 1. Friend / Colleague	<input type="checkbox"/> 2. Family	<input type="checkbox"/> 3. Weston Hospicecare Staff	<input type="checkbox"/> 4. Hospice Website	<input type="checkbox"/> 5. Social Media (e.g. Facebook)	<input type="checkbox"/> 6. Press/Advertisement	<input type="checkbox"/> 7. Volunteer Centre (& 'Do it' website)	<input type="checkbox"/> 8. Job Centre	<input type="checkbox"/> 9. Shop Poster	<input type="checkbox"/> 10. Buddy / Friends / Support Group	<input type="checkbox"/> 11. Hospice Event	<input type="checkbox"/> 12. Personal Experience of Hospice	<input type="checkbox"/> 13. Duke of Edinburgh	<input type="checkbox"/> 14. School	<input type="checkbox"/> 15. College
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Please list your interests, hobbies, skills & experience:

Do you have any health issues that we need to be aware of? Please give brief details:

Please give details of a friend or relative who can be contacted in an emergency:

Name:

Relationship:

Contact Number: Home: Business or Mobile:

CHARACTER REFERENCE: Please give details of one person who has known you for a minimum of 2 years that we can contact to provide a reference for you. Please note that they must not be related to you in any way. Your signature will be taken as agreement for us to contact your referee so please inform them that we will be contacting them:

FULL NAME:

ADDRESS:

POSTCODE: TEL NUMBER:

EMAIL ADDRESS:

Do you have any unspent criminal convictions or do you have any pending criminal charges? YES NO

You are not required to disclose convictions that are "spent". Please note that "unspent" cautions or convictions will not necessarily disqualify you from the role. Please list details of any unspent cautions or convictions against you giving date, type of offence, sentence/fine imposed, etc., on a separate sheet and enclose with this Application Form.

Having a criminal record does not automatically mean you cannot volunteer with us.

DECLARATION:

I understand that I am applying for a volunteering role with no contractual obligations. I confirm that I have the legal right to volunteer in the UK and that the information given on this form is, to the best of my knowledge, true and complete. I consent to the use of all this information for considering my application and understand that it will be treated confidentially at all times. If I am successful it will form part of my volunteer personnel records; if I am unsuccessful the information will be destroyed.

SIGNED: DATE:

Please return your fully completed application form to the location where you wish to volunteer

Equal Opportunities Monitoring Form

Name:

Location of Role:

Please detach this form from your application and return to: The Volunteer Team, Weston Hospicecare, Jackson-Barstow House, 28 Thornbury Road, Uphill, Weston-super-Mare, BS23 4YQ or place in a sealed envelope and give to your interviewer. Please note that it will **not** be used as part of the selection process. Your application will not be affected in any way if you choose not to complete it. However, we would strongly encourage you to do so, as the data can be very helpful in monitoring our success against our equal opportunities goals.

Age Category 14-24 25-29 30-34 35-39 40-44 45-49
50-54 55-59 60-64 65+ Prefer not to say

Gender Male Female Transgender Prefer not to say

Marital Status Married/Civil Partnership Co-Habiting Single
Prefer not to say Other

Ethnicity

This category is about your ethnic origin, which could but does not necessarily include nationality, place of birth or citizenship. Please tick the appropriate box or specify another if you wish.

White English Welsh Scottish Northern Irish Irish
Gypsy/Traveller Prefer not to say
Other White background

Asian/Asian British Indian Pakistani Bangladeshi Chinese
Prefer not to say Other Asian background

Black/ Black British African Caribbean Prefer not to say
Other Black/African/Caribbean background

Multiple Ethnicity White & Black Caribbean White & Black African
White and Asian Prefer not to say
Other mixed ethnicity

Other ethnic group

Sexual Orientation Heterosexual/straight Gay woman/lesbian Gay man
Bisexual Prefer not to say Other

Religion or belief Buddhist Christian Hindu Jewish Muslim Sikh
No Religion Prefer not to say Other

National identity British Prefer not to say Other

Disability

The Equality Act 2010 defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, more than 12 months.

Do you consider yourself to have a disability under the Equality Act 2010?

Yes No Unsure Prefer not to say

If **yes**, please describe the nature of it either by selecting one or more of the categories below, or describing in your own words:

- Physical impairment or condition that affects your mobility (e.g. by requiring you to use a wheelchair, or affecting bodily movement)
- Sensory impairment (e.g. blindness/serious visual impairment, or deafness/ serious hearing impairment)
- Mental health condition, such as depression or schizophrenia
- Learning disability or cognitive impairment such as dyslexia or autism
- Long standing illness/ health condition (e.g. cancer, HIV, diabetes, heart disease, epilepsy etc.)
- Other (please describe in your own words)

Thank you.

By completing this form you have helped us better understand how we can ensure equality of opportunity for all.