

Shop Name		If HUB, role	
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Your Details:			
Title		Surname	
Forename/s			Date of Birth
Address			
		Postcode	
Telephone number		Mobile number	
Emergency Contact:			
Name		Relationship	
Contact Numbers			

Referees:	
Please give the details of one person who we may contact for a reference. Referees should have known you for over two years, be able to vouch for your suitability to volunteer, be over 18 years of age, and should not be related to you or live in the same household. Your signature will be taken as agreement for us to contact the following so please inform them that we will be in touch. Thank you.	
Name	
How do you know this person?	
Phone Number	
Email Address	
Address	

More About You:	
<p>How did you hear about volunteering for Weston Hospicecare?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Word of Mouth/Recommendation <input type="checkbox"/> In the shop/shop poster <input type="checkbox"/> Event, talk or presentation about the hospice <input type="checkbox"/> Hospice Website <input type="checkbox"/> Social Media/Newspaper Article <input type="checkbox"/> Job/Volunteer Centre <input type="checkbox"/> School/College/University <input type="checkbox"/> Other, please tell us how: 	<p>Why did you choose to volunteer for Weston Hospicecare?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Work Experience/Build CV <input type="checkbox"/> Meet New People/Socialise <input type="checkbox"/> Connection to Cause <input type="checkbox"/> Spare Time <input type="checkbox"/> Duke of Edinburgh <input type="checkbox"/> Gain Confidence <input type="checkbox"/> To do something worthwhile <input type="checkbox"/> Other, please tell us why:

What experience or skills can you bring to support your volunteering role?

Health/Disability	
Are you aware of any medical condition which may impact on your ability to carry out the role you are applying for?	
If the answer to the above question is yes, are there any reasonable adjustments that would need to be made to support you carrying out your duties?	

Right to Work (Non UK Citizens)				
If you are in the UK on a visa, does this visa give you the right to work in the UK? This may not preclude you from volunteering but we need to be aware of your resident status. We may be in touch to discuss your resident status.				
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Please state the category of visa you hold

Criminal Convictions				
Do you have any unspent criminal convictions or do you have any pending criminal charges?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
You are not required to disclose convictions that are 'spent'. Please note that 'unspent' cautions or convictions will not necessarily disqualify you from volunteering. 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.				

For Parents/Guardians of volunteers under 18 only (please tick and sign to confirm consent)			
<input type="checkbox"/>	I give permission for the applicant to volunteer with Weston Hospicecare and for the hospice to hold their details on file.		
<input type="checkbox"/>	I understand that Weston Hospicecare will ask the applicant to agree to all relevant policies and procedures and to sign forms during training appropriate to their role.		
Signed	<input type="text"/>	Print name	<input type="text"/>
Date	<input type="text"/>	Relationship to prospective volunteer	<input type="text"/>

Keeping in touch

Communications from the Weston Hospicecare volunteer team are sent in relation to aspects of your volunteering such as, invitations to volunteer events, volunteer newsletter (Hospice Hotpress) and any training requirements. To keep costs to a minimum, we would like to contact you via email. If you are happy for us to email you, please tick YES below and provide your email address:

Yes		My email address is:	
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Would you be happy for us to email you regarding helping at the various Weston Hospicecare fundraising events?	Yes		No	
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We take your privacy seriously and will never sell or swap your details with third parties. You can withdraw your consent to be contacted at any time by contacting the volunteer team on:

Email: volunteer@westonhospicecare.org.uk Phone: 01934 423975

For a full copy of our Privacy Notice, please visit our website: <http://westonhospicecare.org.uk/> or call us on 01934 423975.

Declaration

- I understand and agree that data contained in this application form will be used for volunteer recruitment purposes and will be stored on a computer database. I also agree to Weston Hospicecare holding this form in paper format in a secure area. Personal identifiable data will be held securely and only be accessed by authorised personnel within Weston Hospicecare.
- I understand there is no intention to create a legal relationship. I am acting as a volunteer and I expressly confirm I am not an employee.
- I will not undertake any physical tasks unless I am confident, capable and have received appropriate training.
- I confirm that the information I have given is correct and complete and that any false statements or omissions may result in my services being terminated. I will update Weston Hospicecare if there are any changes to the details supplied.

Signed		Print Name	
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Date	
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Returning Your Application

Please visit your local Weston Hospicecare charity shop and ask to speak to the Duty Manager.

Alternatively post to:

Volunteer Team, Weston Hospicecare, Jackson-Barstow House, 28 Thornbury Road, Uphill, Weston-super-Mare, BS23 4YQ.

Email: volunteer@westonhospicecare.org.uk Phone: 01934 423975

Equal Opportunities Monitoring Form

You do not have to complete this part of the form but if you would like to do so, the information would be very helpful to us. The information will only be used to provide us with statistics to show us where we need to target our volunteer recruitment and will help us to make sure that Weston Hospicecare welcomes volunteers from all areas of society.

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)