



Volunteer Application Form

Our volunteers are vital to our service, thank you for your interest in us. In order for us to progress your application please complete the following application form:

Personal Details

Title:	Tel (Mobile):
First name(s):	Tel (Home):
Surname:	Email:
Known as:	Date of birth (if under 18):
Address and postcode:	

Where would you like to volunteer?

Hospitality (Day Services)	<input type="checkbox"/>	Retail	
Adult Counsellors	<input type="checkbox"/>	Shop Assistant	<input type="checkbox"/>
Children & Family Support Workers	<input type="checkbox"/>	<i>Please indicate shop preference:</i>	
Complementary Therapists	<input type="checkbox"/>	Retail Van Driver	<input type="checkbox"/>
Diversional Therapy	<input type="checkbox"/>	Online Trading (Ebay, Amazon Books etc)	<input type="checkbox"/>
Chaplaincy/Spiritual Support	<input type="checkbox"/>	Retail Admin	<input type="checkbox"/>
Patient Driver	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>
Clinical Admin	<input type="checkbox"/>	Marketing	<input type="checkbox"/>
Reception	<input type="checkbox"/>	Finance	<input type="checkbox"/>
Office Admin	<input type="checkbox"/>	HR	<input type="checkbox"/>
Any additional comments:			

Availability Please give details of when you are available to volunteer:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other experiences & skills

Please give details of other experiences and skills that may be useful to the Hospice and your reason for volunteering:

Please state if you are already involved in The Shakespeare Hospice:

If you are employed, please state your current occupation:

Please give brief details of any previous volunteering experience (including dates):

How did you hear about us?

Support needs, access requirements or medical conditions

Do you have any support needs, access requirements or medical conditions you feel we should know about, in order to provide you with a safe and enjoyable volunteering experience?:

(This information will be kept confidential. Details will only be shared with relevant members of staff with your permission)

References: Please give details of two referees who have known you for more than two years and are not related to you. One reference should be a business reference.

Name: Relationship: Address: Postcode: Telephone No: Email address:	Name: Relationship: Address: Postcode: Telephone No: Email address:
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General disclosures:

Do you have a current driving licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Criminal convictions: disclosure

If you are interested in a role that involves volunteering with children and / or vulnerable adults, we may be required to complete a DBS check for you. You will not be required to pay for this.

Roles that involve volunteering with children and / or vulnerable adults are exempt from the provisions of the *Rehabilitation of Offenders Act*. You are therefore required to disclose details of any convictions including 'spent' convictions. If you are applying for a role that is not with vulnerable adults or children then you only need to declare 'unspent' convictions.

If you have been convicted of any offences please give details. Otherwise state 'none':

Any information given will be kept confidential. (Please note that this will not necessarily prejudice your application).

Declaration:

I declare that the information given on this form, and on any accompanying documents, is true to the best of my knowledge and belief. I understand that, if successful, computer records and personal data will be created to maintain records in confidence, solely for the use of the Hospice. I understand that to knowingly give false information or omit information is a breach of trust and could result in the ending of my volunteering relationship with The Shakespeare Hospice. I understand that if I am subsequently convicted of a relevant criminal offence I must declare this to The Shakespeare Hospice.

Do you give consent to the above declaration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Signed:	Date:
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The Shakespeare Hospice will hold your information in our legitimate interests to manage the volunteer process. We will not share this information with any other organisations and will keep it for as long as you volunteer with us. You have a right to a copy of information we hold about you and, in some circumstances, to have it amended or deleted. For this, and to raise any issues on how your information is handled, please contact our Data Manager at enquiries@theshakespearehospice.org.uk. If you are still not happy you may raise concerns with the Information Commissioner's Office. For more details on our Privacy Policy, please see our website <https://www.theshakespearehospice.org.uk/Privacy-policy>.

Please email the completed form to enquiries@theshakespearehospice.org.uk or return a hardcopy of this form to the Volunteer Dept, The Shakespeare Hospice, Church Lane, Shottery, Stratford-upon-Avon, Warwickshire, CV37 9UL