



## VOLUNTEER APPLICATION FORM

Please complete and return to:

**General Administration Dept, East Lancashire Hospice, Park Lee Road, Blackburn, BB2 3NY**

<p><b>All the current volunteering opportunities can be seen on our website at <a href="http://www.eastlancshospice.org.uk">www.eastlancshospice.org.uk</a></b>  <b>The information you give on this application form will allow us to assess your suitability for a voluntary role at East Lancashire Hospice and will enable us to match your skills, experience and availability to our current opportunities.</b></p>		
<p><b>VOLUNTEER ROLE(S) APPLIED FOR in order of preference 1-3:</b>  <b>If applying for a shop volunteer role please state which shop you would like to volunteer in</b>          1.          2.          3.          I</p>		
<b>PERSONAL DETAILS</b>		
Mr/Mrs/Miss/Ms  SURNAME	FORENAME (S)	DATE OF BIRTH
ADDRESS:    POSTCODE:	Home Telephone:	
	Mobile Telephone:	
	Email Address:	
<b>QUALIFICATIONS</b>		
<p><b>Please provide details of current qualifications or training that are relevant to the role you are applying for.</b></p>		
<b>Qualification/Training</b>	<b>Details of where undertaken</b>	<b>Date completed</b>
<b>HOW DID YOU HEAR ABOUT BEING A VOLUNTEER?</b>		
<p><b>WHY HAVE YOU CHOSEN TO VOLUNTEER AT EAST LANCASHIRE HOSPICE?</b></p>		

**HOW DO YOU HOPE TO BENEFIT FROM VOLUNTEERING?**

Experience  Enhance C.V.  Improve employment prospects  Gain new skills/knowledge   
Gain Confidence  Effective use of time  A Jobseekers requirement  Duke of Edinburgh   
To use my skills/experience  Other  please specify

**OCCUPATION/SKILLS AND INTERESTS**

Please briefly describe what skills, knowledge and experience you can bring to the role and how you meet the requirements of the role description – please add additional sheet if required

<b>AVAILABILITY</b>							
<i>Please specify the approximate number of hours you are able to give on each day to help us identify a suitable vacancy</i>							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
When are you available?	Every Week		Every other Week		Other (please specify)		
Are you available at short notice?	Yes		No		How much notice do you need?		
<p><b>We occasionally need people to help out once or twice a year with fundraising events such as Summer Fayres and bag packing would you be interested in helping out at such events?</b></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>							
<p><b>We produce a Hospice Newsletter would you like to be added to our distribution list?</b></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>							
<b>IF APPLYING FOR A DRIVING ROLE</b>							
Do you hold a clean driving licence?				YES <input type="checkbox"/>	NO <input type="checkbox"/> if no how many points		
Do you have full comprehensive/business insurance?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Do you have a car, which you are happy to use?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
<b>FITNESS TO VOLUNTEER</b>							
Do you have any health condition or disability (physical or psychological) which might impair your ability to undertake effectively the role offered?						YES	NO
Do you have a health condition or disability (physical or psychological) which might affect your volunteering role and which might require special adjustment?						YES	NO
Have you ever had any health conditions / illness / impairment / disability (physical or psychological) which may be made worse by your volunteering role?						YES	NO
<b>If YES to any of the above, please give details</b>							
<b>DO YOU HAVE ANY OF THE FOLLOWING? ( clinical volunteers only)</b>						YES	NO
(a) Do you have a cough which has lasted for more than 3 weeks?							
(b) Do you have unexplained weight loss?							
(c) Do you have an unexplained fever?							
(d) Have you had tuberculosis (TB) or been in recent contact with open / pulmonary TB?							
If yes, please give details below:							

**DISCLOSURE OF CRIMINAL OFFENCES:**

A DBS Check will be carried out for all volunteering roles which involves regular direct contact with people receiving health care and for all declared convictions, cautions, reprimands, warnings and pending prosecutions that have not been filtered in line with current guidance (Rehabilitation of Offenders Act 1974)

**DATA PROTECTION**

Under the Data Protection you are advised that the details you provide on this form will be used only for the purposes of volunteer selection and will not be passed to any third parties without prior consent. By signing this volunteer application form you are giving the Hospice consent to use and process your details and approach your referees.

**REFERENCES**

Prior to the commencement of any voluntary role your references will be requested and you will be asked to attend an informal meeting.

**Please provide the name and address of 2 referees (not related) who have known you for at least a year**  
*References will be taken up prior to you being able to commence as a volunteer*

<b>Name</b>  <b>Surname:</b>	<b>Name:</b>  <b>Surname:</b>
<b>Address:</b>  <b>Postcode:</b>  <b>Email:</b>  <b>Telephone Number:</b>  <b>Relationship to you:</b>	<b>Address:</b>  <b>Postcode:</b>  <b>Email:</b>  <b>Telephone number:</b>  <b>Relationship to you:</b>

**I declare that the information given is true and complete to the best of my knowledge and that should I be successful this information will be kept until such time that I cease to work as a volunteer.**

**Signed:**

**Date:**

Thank you for considering volunteering for the Hospice and completing your application form. Please return your form to: General Administration Dept, East Lancashire Hospice, Park Lee Road, Blackburn, BB2 3NY or to the reception desk at the Hospice