



VOLUNTEER APPLICATION FORM

Please complete and return to:

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

<p>All the current volunteering opportunities can be seen on our website at www.eastlancshospice.org.uk 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.</p>		
<p>VOLUNTEER ROLE(S) APPLIED FOR in order of preference 1-3: If applying for a shop volunteer role please state which shop you would like to volunteer in</p> <p>1. 2. 3.</p>		
PERSONAL DETAILS		
<p>Mr/Mrs/Miss/Ms SURNAME</p>	<p>FORENAME (S)</p>	<p>DATE OF BIRTH</p>
<p>ADDRESS: POSTCODE:</p>	<p>Home Telephone:</p>	
	<p>Mobile Telephone:</p>	
	<p>Email Address:</p>	
QUALIFICATIONS		
<p>Please provide details of current qualifications or training that are relevant to the role you are applying for.</p>		
<p style="text-align: center;">Qualification/Training</p>	<p style="text-align: center;">Details of where undertaken</p>	<p style="text-align: center;">Date completed</p>
HOW DID YOU HEAR ABOUT BEING A VOLUNTEER?		
WHY HAVE YOU CHOSEN TO VOLUNTEER AT EAST LANCASHIRE HOSPICE		

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

SKILLS AND INTERESTS

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

AVAILABILITY							
<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?		
IF APPLYING FOR A DRIVING ROLE							
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"/>		

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)

Privacy notice - recruitment volunteers

East Lancashire Hospice will process information provided on this form in order to progress your application to volunteer. This information will be stored in paper format and stored in a locked drawer within a locked room it will be accessible to the General Administration Team, the Head of Corporate Administration and the recruiting manager. In addition your name, address, contact details and the role you are applying for will be inputted onto our HR/Volunteer database. This is accessible to the General Administration Team, the Head of Corporate Administration and the Development and Support Services Manager. DBS records are retained in paper copy and destroyed by shredding after 6 months. Should you be unsuccessful in securing a volunteer role, the paper and electronic versions of your information will be retained for 6 months prior to being destroyed by shredding or deletion. Should your application prove successful the information in hard copy will be added to your volunteer record file. Your contact details will remain in your volunteer file and on the HR database for 6 years after you leave the organisation and will then be destroyed by shredding or deletion. Should you have any questions, concerns or objections regarding information we hold please contact the Development and Support Services Manager on 01254 287036. Please sign to indicate your consent to us processing and storing your information as detailed above

Name

Date

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

Name Surname:	Name: Surname:
Address: Postcode: Email: Telephone Number: Relationship to you:	Address: Postcode: Email: Telephone number: Relationship to you:

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 Department, East Lancashire Hospice, Park Lee Road, Blackburn, BB2 3NY or to the reception desk at the Hospice