

EAST LANCASHIRE HOSPICE
Volunteer Application Form

All the current volunteering opportunities can be seen on our website at www.eastlancshospice.org.uk

Please return completed application forms to: recruitmentdepartment@eastlancshospice.org.uk

Or via post - Recruitment, East Lancashire Hospice, Park Lee Road Blackburn BB2 3NY

Forename(s)	
Surname	
Telephone Number:	Home: Mobile:
Address (Including Postcode):	
Email Address:	
Where did you hear about being a volunteer?	
Do you require any reasonable adjustments for the recruitment process?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please detail:
Do you hold a full Current Driving Licence:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you presently a vehicle owner?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Which areas of the Hospice would you be interested in Volunteering? (Please Tick all that Apply)	
<input type="checkbox"/> Main reception <input type="checkbox"/> Administration <input type="checkbox"/> Fundraising Events <input type="checkbox"/> Fundraising Administration <input type="checkbox"/> Care & Support <input type="checkbox"/> Retail <input type="checkbox"/> Café <input type="checkbox"/> Gardening	
Please indicate any days/times you cannot Volunteer?	
<u>Morning</u> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<u>Afternoon</u> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday

To help us, would you please tell us why you chose to Volunteer for East Lancs Hospice?

References

Please provide the name and address of 2 referees (not related) who have known you for more than two years.

References will be taken up prior to you being able to commence as a volunteer

Reference 1	
Name:	
Address (Including Postcode):	
Telephone:	
Email:	
Relationship:	

Reference 2	
Name:	
Address (Including Postcode):	
Telephone:	
Email:	
Relationship:	

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 Statement	
The information that you provide on this form and that obtained from other relevant sources will be used to process your application for employment. The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process. If you succeed in your application, the information will be used in the administration of your employment. We may also use the information if there is a complaint or legal challenge relevant to this recruitment process. We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other ways as permitted by law. By signing the application form we will be assuming that you agree to the processing of sensitive personal data, (as described above), in accordance with our registration with the Data Protection Commissioner.	
Declaration	
To the best of my knowledge the details in this application are true I understand that any misrepresentation found in this application after appointment may lead to dismissal	
Signature:	Date: