

# Volunteer Application Form



Thank you for your interest in volunteering with Hospice Hope. Please complete this form as fully as possible and:

- Return it by email to [jane@hospicehope.org.uk](mailto:jane@hospicehope.org.uk) or
- Return it by post to: Jane Haggren, 20 Westleigh Avenue, Leicester LE3 0HG

<b>Volunteer Role Applying For:</b>	
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<b>Full Name</b>		<b>Title:</b>	
<b>Address</b>	<b>Home tel</b>		
	<b>Work tel</b>		
	<b>Mobile tel</b>		
	<b>Preferred number for us to contact you on:</b>		
<b>Postcode</b>	Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/>		
<b>Email</b>			

- Can we contact you on the email address you have provided?      Yes / No
- Do you have a full current UK driving licence?      Yes / No
- Do you have access to a vehicle?      Yes / No

<b>We work across North West Leicestershire. Where would you be able to help us? (E.g. at our Support Cafés in Ashby, Coalville, Ibstock, Castle Donington, at Hope House in Griffydam or at events in the area)</b>

<b>Have you ever had contact with Hospice Hope before? Have you volunteered before? Please give details:</b>

<b>Why would you like to volunteer at Hospice Hope?</b>

<b>What are you currently doing?</b>	
<input type="checkbox"/> Employed	What is your job role? _____
<input type="checkbox"/> Student	What are you studying? _____
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired <input type="checkbox"/> Other: _____

**References**

Please give details of two people who can comment on your suitability for this post. One referee might be your present or most recent employer. Other examples might be college tutors, community leaders, someone in a position of responsibility (for example another organisation where you have done voluntary work), **but not relatives or purely personal friends.** [If in doubt contact Jane on 07935 800658 ]

Referee 1		Referee 2	
<b>Name</b>		<b>Name</b>	
<b>Post title</b>		<b>Post title</b>	
<b>Address</b>		<b>Address</b>	
<b>Postcode</b>		<b>Postcode</b>	
<b>Tel</b>		<b>Tel</b>	
<b>Email</b>		<b>Email</b>	
<b>Relationship to you</b>		<b>Relationship to you</b>	

**Criminal Convictions and Cautions**

The role you are applying for is subject to a DBS check. The post involves working with vulnerable adults (as defined by the Safeguarding Vulnerable Groups Act 2006) and as such is exempt from the provision of the Rehabilitation of Offenders Act 1974. You must provide details of all convictions including cautions, reprimands, warnings, investigations or pending prosecutions, irrespective of whether they are spent or unspent under the Rehabilitation of Offenders Act 1974.

**Have you ever received a caution, including conditional cautions, been convicted by a court of any offence, been reprimanded, or given a final warning?** Yes / No

If yes please give details of offence(s) and sentence on a separate sheet, enclosed in an envelope marked 'Confidential' and addressed to 'The Chair of Hospice Hope.'

**Disability / Health Conditions**

The Equality Act 2010 defines disability as 'A physical or mental impairment which has a substantial and long term adverse effect on the ability to carry out normal day-to-day activities.'

I consider myself  Disabled  Non Disabled

<b>Please indicate below if you require any reasonable adjustments due to a disability or health condition to enable you to attend an interview or which you wish us to take into account when considering your application.</b>

**Declaration**

- I understand that Hospice Hope will:
  - In considering my application, treat the information given in this form in confidence.
  - Not disclose information to any third party without my prior agreement
  - Retain information for a period of a year should my offer to act as a volunteer not be taken up
  - If I am accepted as a volunteer, retain this information for legitimate business purposes (meaning Hospice Hope's business as a charity) including contact purposes
- I understand my right to request to see all the information held about me by Hospice Hope.
- In signing this form I give my consent for the information to be used as above.
- I certify that all information which I have provided is correct. I understand that any false information given may result in a volunteer offer being withdrawn.

<b>Signed</b>		<b>Date</b>	
<b>Name (please print)</b>			