



St. John's Hospice

'Built by the people for the people'

www.sjhospice.org.uk

Volunteer Application Form

Mr/Mrs/Miss/Ms Forename(s) _____

Surname _____

Address _____

_____ Post Code _____

Home Tel No _____ Mobile _____

Email Address _____

Date of Birth _____ Volunteers must be 17 years old or over

Please give details of your current occupation. If you are currently not working or retired, please state your most recent occupation.

What are your hobbies and interests? Do you have any skills which you think may help the hospice?

ST. JOHN'S HOSPICE

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Charity Number 1157030

Please give details of any current or previous work you have carried out as a volunteer, and what did you gain from this experience?

Are you a car owner? YES NO

Please give an indication of which roles interest you by placing a tick in the relevant box. This may mean that you tick more than one box.

- | | | | |
|----------------------------|--------------------------|---------------------------|--------------------------|
| No Preference | <input type="checkbox"/> | Serving Meals to patients | <input type="checkbox"/> |
| Neighbours Network | <input type="checkbox"/> | Ward Assistant | <input type="checkbox"/> |
| Receptionist | <input type="checkbox"/> | Shop Work | <input type="checkbox"/> |
| Refreshments | <input type="checkbox"/> | Driver | <input type="checkbox"/> |
| Administration/Secretarial | <input type="checkbox"/> | Clinical Support | <input type="checkbox"/> |
| Grounds & Gardens | <input type="checkbox"/> | Housekeeping | <input type="checkbox"/> |

Please give an indication of when you will be available to carry out your role as a Volunteer.

- | | |
|-----------------|---|
| Flexible | Prefer Weekdays |
| Prefer Daytime | Prefer Week-ends |
| Prefer Evenings | Please indicate how many hours per week you would like to volunteer _____ |

Volunteer positions within St John's Hospice are exempt from the provisions of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are not entitled to withhold information about convictions, which for other purposes are deemed 'spent' under the provisions of the 1974 Act.

Do you have *any* court convictions? Yes/No
 Are you currently the subject of any police investigation and/or prosecution in the UK or any other country? Yes/No

If you have answered 'Yes' to either of the above questions please give further details overleaf. Any information you give will be treated in the strictest confidence. Having a criminal record will not necessarily prevent you from volunteering at St. John's Hospice, but the nature of the position and the type of offences, and their pattern, will be taken into consideration.

Please give the names and addresses of 2 people, other than your family, who can tell us about you, e.g. your employer; tutor or someone who has known you for a long time. We do not accept references from a relative.

Name	1.	2.
Address		
Post Code		
Telephone Number		
Capacity in which referee knows you		

Who should the hospice contact in the event of an emergency?

Name

Address

Phone Number

What is their relationship to you?

Would you be prepared to help occasionally at fundraising events?

Yes/No

Please read the following declaration and then sign where indicated.

I agree to be enrolled as a Voluntary helper and to attend Corporate Induction and Local Induction and training for the role that I am to undertake. I understand that any appointment will be subject to review after 3 months.

I agree to attend annual statutory training sessions, (e.g. Fire Regulations) and complete Mandatory Training relevant to my role.

I consent to St. John's Hospice contacting the named referees with the object of obtaining a written reference.

I understand that my application will be subject to an Enhanced DBS Disclosure being obtained by St. John's Hospice.

I understand that anything I hear or learn, concerning individual patients and relatives, or any individual at St John's Hospice is **strictly confidential**. I understand that as part of my induction I will be asked to sign a Confidentiality Agreement.

The information given in this form will be held securely by the Hospice, in accordance with the Data Protection Act 1998 and not shared with any other individuals or organisations.

Signed ×

Date

Please return the completed form to:

Volunteer Co-ordinator
St. John's Hospice
Slyne Road
LANCASTER
LA2 6ST

Tel: 01524 382538
Email: volunteering@sjhospice.org.uk

St. John's Hospice is the trading name of St. John's Hospice North Lancashire and South Lakes which is a charitable incorporated organisation registered in England with charity number 1157030.

Please visit our website at www.sjhospice.org.uk