



Bassetlaw Hospice

Working within the community
to provide Hospice care

Registered Charity Number 701876

Volunteer Application Form

Personal Information		
Name (Mr/Mrs/Ms/Miss)	First Name	Surname
Known as		
Address		
Town		
Postcode		
Marital Status	Sex: Male / Female	
Home Phone		
Work Phone		
Mobile Phone		
Email Address		
For general contacts please indicate which method we should use:		
Phone	<input type="checkbox"/>	Email <input type="checkbox"/>

Areas of Interest					
Please indicate the general areas in which you are interested in volunteering by ticking in the boxes.					
Hospice Services		Fundraising		Shops	
Day Care		General Event Support		Workshop	
Reception		Supermarket Collections		Retford	
Kitchen		Cake making for events		Tea Bar Retford	
Gardening		Selling Raffle Tickets		Tea Bar Workshop	
Administration		Crafts			
Driver					

Please note the above activities will require references.

Special Skills or Qualifications
Qualifications (if relevant)

Experience – Please give details of any current or previous employment

Skills – Please give details of any skills you have that could be useful to the charity

Any other information you think may be useful to us

Hospice Based Volunteer Drivers need to answer the following questions:

1. Do you hold a full Driving Licence Yes/No

2. Do you hold any motoring convictions Yes/No

If the answer to question 2 is yes then please specify here:

3. Do you have comprehensive insurance cover Yes/No

Please note that a copy of your Driving Licence, MOT Certificate and current Insurance details will be required at your induction. Volunteer Drivers are required to attend a medical check every two years.

Volunteering for the charity involves a wide range of duties depending on the location in which you volunteer. These could include, moving and lifting items, handling cash, working with patients or members of the public, accessing different areas of the building, are you able to carry out all the functions required of the role?

We are interested to know:

To help us please would you tell us why you chose to volunteer for Bassetlaw Hospice?

Please indicate your availability:

Mon Tues Weds Thurs Fri

Sat (Shop only)

Once we receive this form we will contact your referees. If your registration is successful, an informal interview will be arranged. If both parties are happy to continue, induction and training will then be organised for you.

Should your application not be successful, we will endeavour to suggest alternative volunteer opportunities with the Charity or within the local community.

For some roles the number of volunteer places, is limited if this is the case we do keep applications on file until a suitable vacancy arises.

Person to notify in case of emergency

Name (Mr/Mrs/Ms/Miss)

First Name

Surname

Address

Town

Postcode

Home Phone

Work Phone

Mobile Phone

Relationship to you

References - *Please provide the names, addresses and occupation of two referees one of whom should be a professional person (GP, employer past or present), but not a relative.*

Name:
Address:

Postcode
Tel No:
Relationship to you:

Name:
Address:

Postcode
Tel No:
Relationship to you:

Criminal Records Bureau

For volunteers wishing to work (AT THE HOSPICE). Disclosure checks via the Criminal Records Bureau (CRB) are now compulsory for all individuals involved in the care of vulnerable adults. Whilst all volunteer applications will be subject to satisfactory checks in accordance with the CRB Code of Conduct, the Hospice will “not unfairly discriminate against the subject of disclosure information on the basis of conviction or other details revealed.”

All Volunteers must answer the following question:

The Rehabilitation of Offenders Act regarding spent offences does not apply and offences must be declared.

I DO*/ I DO NOT HAVE ANY CONVICTIONS (*Please delete appropriately)

If you have had any convictions please give details including dates, type of offence, sentence and court

Please give details:

Declaration:

I agree to Bassetlaw Hospice making such checks as deemed relevant to my application and declare that the information given by me is true to the best of my knowledge. By returning this form to the Charity you expressly consent to Bassetlaw Hospice, obtaining, holding and processing information about you for these purposes under the terms of the 1998 Data Protection Act.

Signed:

Date:

For Office use only

Volunteer ID _____

Joining Date ____/____/____

Person dealing with application _____

Applications for Fund Raising and Shops should be returned to:

**Bassetlaw Hospice Appeal Office 4 Jubilee Courtyard Retford DN22 6BN
Tel : 01777 710444**

Applications for Hospice Services should be returned to:

**Bassetlaw Hospice Cedar House North Road Retford DN22 7XF
Tel : 01777 863270**

If you need any further information please visit our website at
www.bassetlawhospice.org