



Office Use Only		
Date App Rec:	Shop:	Office:
Reference	Date Sent	Date Received
1		
2		
Interview Date:		
Notes:		

VOLUNTEER APPLICATION FORM

The information you give on this application form will allow us to assess your suitability for a voluntary role for Willow Wood Hospice and will enable us to match your skills, experience and availability to our current opportunities. All details will be treated in the strictest confidence. To help us process your application promptly please complete fully and print in black ink.

PERSONAL DETAILS		
Surname	Mr/Mrs/Miss/Ms/Other	Forename (s)
Address:	Home Telephone:	
	Mobile Telephone:	
Postcode:		
Email Address:	Date of birth:	

EMERGENCY CONTACT DETAILS	
Name	Telephone Day:
Relationship to you:	Telephone Eve:
	Mobile:

REFERENCES: Please provide the name and address of 2 referees (not related) who have known you for at least a year	
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Telephone:	Telephone:
Email:	Email:
Prior to the commencement of any voluntary role for Willow Wood your references will be requested and you will be asked to attend for an informal interview.	

FITNESS TO VOLUNTEER		
Do you have a disability or condition which would require consideration whilst undertaking the role of volunteer?	Yes	No
Would you require any adjustments to be made to assist you to undertake the role of a volunteer	Yes	No
If yes to any of the above, please give details		

AREAS OF INTEREST AND SKILLS:

Please tell us what area(s) you are interested in. We will always try to find a suitable vacancy that fits your availability and skills, however please be aware that a vacancy may not always be available in your area of interest. Please note we do not accept volunteers under 18 years of age for work at the Hospice but applications are accepted for working within our shops.

WORKING IN THE HOSPICE**General areas**

Admin/Clerical	Bereavement	Catering	Chaplaincy
Coffee Morning	Flower Arranging	Fundraising/Events	Hospice Choir
Gardening	Housekeeping	Lottery	Newsletter
Maintenance	Photography		

Day Hospice

Assistant	Arts and Crafts	Hairdresser
Minibus Driver	Patient Driver	Therapist

In Patient Ward Clerk

9am – 1pm	4pm – 7.30pm	
-----------	--------------	--

Reception (Mon-Sun)

8.30am – 1.00pm	1.00pm – 5.00pm	5.00pm – 8.30pm
-----------------	-----------------	-----------------

WORKING IN OTHER AREAS**SHOPS**

Ashton	Coffee Shop
Denton	On-line Sales/Packer
Droylsden	Re-Cycling
Glossop	Van Driver/Mate
Hyde	Warehouse Person (sorting/distribution)
Stalybridge Clothes	
Stalybridge Furniture	

OTHER**AVAILABILITY**

Please specify the day/s you are able to volunteer to help us identify a suitable vacancy

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							

Are you flexible?

We need people to help out with fundraising events such as: summer fun days, bag packing in stores, store collections, Christmas markets. Would you be interested in helping out at any events?

Yes

No

If you are applying for a driving role:

Yes

No

- Do you hold a clean driving licence?
- Do you have full comprehensive insurance?
- Do you have a car, which you are happy to use?

Please give any previous employment/volunteering experiences, hobbies, special skills or interests which could benefit the hospice.

Rehabilitation of Offenders Act

Volunteers should note that because of the nature of the work for which you are applying, posts are exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974. This means applicants are not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act. If you are accepted to undertake voluntary work and fail to disclose such convictions, this could result in your dismissal. Any information given will be completely confidential and will be used only in determining whether a particular voluntary placement is appropriate.

Have you ever been convicted, cautioned, reprimanded or given a warning for a criminal offence?	Yes*	No
---	------	----

**If Yes, please give details on a separate sheet and enclose in a sealed envelope marked for the attention of the Volunteer Services Manager, and return with your completed form.*

CONFIDENTIALITY

From time to time volunteers may obtain personal information about patients, staff and other volunteers. Volunteers must not disclose such information outside of the Hospice both during and after their voluntary service. Failure to adhere to this may result in your voluntary work being terminated.

HEALTH AND SAFETY

Volunteers are subject to the regulations of the Health and Safety at Work Act, which means that if, while doing your voluntary work, you have an accident or see a potential accident, you must report it to your line manager or the member of staff in charge.

To ensure all volunteers are able to undertake their positions safely, all volunteers will be subject to mandatory training relevant to their area of work.

If you are under 18 years of age please ask a parent or guardian to sign this box to give their permission for you to become a volunteer.

I, the undersigned, as parent/legal guardian of the person named on this application, hereby give my consent to their application as a volunteer for Willow Wood Hospice.

Name of Parent/Guardian	Relationship:
-------------------------	---------------

Signature of Parent/Legal Guardian:

PRIVACY NOTICE

Willow wood Hospice will process information provided on this form securely, in order to progress your application to volunteer. Any paper information will be stored in a locked cupboard within a locked room which has restricted entry. In addition, your name, address, contact details and the role you are applying for will be input into our Volunteer database. All successful application forms will be stored as above and kept until 6 months after you have left the organisation and will be destroyed by shredding and deletion. Should you have any questions concerns or objections regarding information please contact the voluntary services officer as below.

VOLUNTEER DECLARATION

I declare that the information given on this form and supporting documents, is complete and correct to the best of my knowledge. I understand that any false information may result in me being asked to cease Volunteering for Willow Wood Hospice.

Signed: _____ Date: _____

Thank you for your application to volunteer for Willow Wood Hospice.

Please return to: **Voluntary Services Officer,**
Willow Wood Hospice, Willow Wood Close, Mellor Rd, Ashton under Lyne, OL6 6SL