Rev. Feb 18

**VOLUNTEER APPLICATION FORM**

Our volunteers are the heart of the community. Thank you for your interest in Keech Hospice Care and offering us the gift of your time.

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| PERSONAL DETAILS: | |
| Title: | Telephone (Home): |
| Surname: | Telephone (Mobile): |
| First name(s) | Email: |
| Known as: | Date of birth: |
| Address:  Postcode: |  |
| AVAILABILITY: Please give details of your availability e.g. weekdays day time, evenings and weekends. | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Mon | Tue | Wed | Thu | Fri | Sat | Sun | | AM |  |  |  |  |  |  |  | | PM |  |  |  |  |  |  |  | | EVE |  |  |  |  |  |  |  | | |
| WHERE YOU WOULD LIKE TO VOLUNTEER? (See Volunteering Opportunities and list your first 3 preferences below). | |
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| YOUR EXPERIENCE AND SKILLS | |
| VOLUNTARY EXPERIENCE/ EMPLOYMENT EXPERIENCE: Please give brief details below. | |
| OTHER EXPERIENCES & SKILLS: Please give details of other experiences, skills and characteristics that may be of use to the Hospice. | |
| REASON FOR VOLUNTEERING: Please give details of why you would like to volunteer for Keech Hospice Care. | |
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| REFERENCES: Please give details of two referees who have known you for more than two years and are not related to you. One reference should be a business reference. | |
| Name:  Relationship:  Address:  Postcode:  Telephone No:  Email address: | Name:  Relationship:  Address:  Postcode:  Telephone No:  Email address: |
| CRIMINAL CONVICTIONS: | |
| Any information you supply in this form is confidential and will only be used in respect of your voluntary placement in line with the Data Protection Act 1998. By submitting this application form you consent to Keech Hospice Care using this information for this purpose. Any information given will be considered only in relation to applications for positions covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.  Where it is an offence for individuals barred by the ISA (Independent Safeguarding Authority) to work or apply to work with children or vulnerable adults.  Applications are not entitled to withhold any information about criminal convictions, however long ago these occurred. Failure to disclose such convictions could result in being released from a volunteer role.  Have you ever received a criminal conviction?\_\_\_\_\_\_\_ (please answer YES/NO)  If yes, please give details | |
| HEALTH QUESTION | |
| Do you have a medical condition which may impact on your volunteering? | |
| INFORMATION CONSENT | |
| As a valued supporter of Keech Hospice Care we will treat your data with respect and promise never to sell or swap your details. We would however like to keep in contact with you about the work your donations enable us to do, and how you can continue to help people living with a terminal and life-limiting condition.  Tick here to OPT OUT of communications by post  Tick here to RECEIVE emails  Tick here to RECEIVE phone calls,  Tick here to RECEIVE text messages | |
| I confirm that the information supplied is accurate and that I have not knowingly withheld any information which is relevant to this application.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print name:   |  | | --- | | PARENT/GUARDIAN CONSENT (This is required for Volunteers under 16) |   I give consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to volunteer for Keech Hospice Care.  Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  | | --- | | EMERGENCY CONTACT DETAILS (Who should we contact in the event of an emergency?) |   Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel Number:(including area code)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

Any information on this application is covered by the Data Protection Act 1988. Keech Hospice Care is a Registered Charity No. 1035089. A limited company registered in England Company number 2904446.

**Please email the completed form to** [**volunteering@keech.org.uk**](mailto:volunteering@keech.org.uk)**. Alternatively return a hardcopy of this form to Volunteer Services Dept, Keech Hospice Care, Great Bramingham Lane, Streatley, Beds, LU3 3NT.**

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| EQUAL OPPORTUNITIES MONITORING FORM | |
| Keech Hospice Care is an Equal Opportunities promoter and will not unlawfully discriminate against anyone.  This form is used to help Keech Hospice Care ensure that its volunteer recruitment practices comply with it’s Equal Opportunities policy. You do not have to answer the questions on this form Any information you do provide will be treated completely confidentially and will be used solely for the purposes of equal opportunities monitoring. If you do wish to complete the form, please complete this as fully as possible. Please fill in or tick the boxes below as applicable. | |
| **WHERE DID YOU FIRST HEAR OF THIS VACANCY?** | |
| Personal Recommendation  Advert Press  Advert Internal  Advert other  Volunteer Centre  Previously Volunteered for Keech  Accessed Keech Facilities  Heard of Keech through events  Keech Website  Facebook / Twitter  Recruitment Fair  Other – Please specify | |
| **GENDER** | M Male  Female |
| **ETHNIC ORIGIN** | |
| **White**  English  Welsh  Scottish  Northern Irish  Irish  British  Gypsy or Irish Traveller  Prefer not to say  Any other white background, please write in:  **Mixed/multiple ethnic groups**  White and Black Caribbean  White and Black African  White and Asian  Prefer not to say  Any other mixed background, please write in:  **Asian/Asian British**  Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say  Any other Asian background, please write in:  **Black/ African/ Caribbean/ Black British**  African  Caribbean  Prefer not to say  Any other Black/African/Caribbean background, please write in:  **Other ethnic group**  Arab  Prefer not to say  Any other ethnic group, please write in: | |
| **DISABILITY** | |
| **Do you consider yourself to have a disability according to the definition below?** Yes  No  *Generally speaking, we consider a disability to be: a physical or mental impairment which has a substantial and long term (12 months or more) adverse effect on a person’s ability to carry out normal day-to-day activities,* ***or*** *a progressive condition such as cancer, HIV or MS.*  If “Yes” please give brief details below:*[continue overleaf if necessary]* | |
| **RELIGION** (mark one box only) | |
| Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  None  Other  Prefer Not to Say | |
| **SEXUAL IDENTITY** (mark one box only) | |
| Bisexual  Gay  Heterosexual  Lesbian  Other  Prefer Not to Say | |

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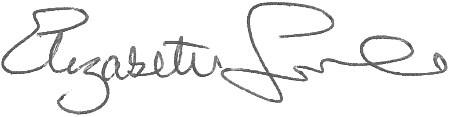
**EQUAL OPPORTUNITIES STATEMENT**

The organisation wholeheartedly supports the principle of equal opportunities in employment, volunteer recruitment and access to services and opposes all forms of unlawful or unfair discrimination on the grounds of colour, race, nationality ethnic or national origin, gender, sexual orientation, marital status, disability or Trade Union membership.

We believe that it is in the best interests of the organisation and all those associated with it to ensure that the human resources, talents and skills available throughout the community are considered when, in particular, employment and volunteering opportunities arise.

To this end, within the framework of the law, we are committed wherever practicable to achieving and maintaining a staff and volunteer workforce which broadly reflects the local community in which we operate. We are also committed to providing complete equality of opportunity in access to our services which will always be provided on the basis of clinical need alone.

Every possible step will be taken to ensure that individuals are treated equally and fairly and that in particular, decisions on recruitment, selection, training, promotion and career management are based solely on objective and job-related criteria.



**Liz Searle, Chief Executive**

**Keech Hospice Care Secure Storage Policy Statement**

**General principles**

As an organisation using the Disclosure and Barring Service (DBS) to help assess the suitability of applicants for positions of trust, Keech Hospice Care complies fully with the DBS Code of Practice regarding the correct handling, use, storage, retention and disposal of Disclosures and Disclosure information. It also complies fully with its obligations under the Data Protection Act 1998 and other relevant legislation pertaining to the safe handling, use, storage, retention and disposal of Disclosure information and has a written policy on these matters, which is available to those who wish to see it on request.

**Storage and access**

Disclosure information should be kept securely, in lockable, non-portable, storage containers with access strictly controlled and limited to those who are entitled to see it as part of their duties.

**Handling**

In accordance with section 124 of the Police Act 1997, Disclosure information is only passed to those who are authorised to receive it in the course of their duties. We maintain a record of all those to whom Disclosures or Disclosure information has been revealed and it is a **criminal offence** to pass this information to anyone who is not entitled to receive it.

**Usage**

Disclosure information is only used for the specific purpose for which it was requested and for which the applicant’s full consent has been given.

**Retention**

Once a recruitment (or other relevant) decision has been made, we do not keep Disclosure information for any longer than is necessary. This is generally for a period of up to six months, to allow for the consideration and resolution of any disputes or complaints. If, in very exceptional circumstances, it is considered necessary to keep Disclosure information for longer than six months, we will consult the DBS about this and will give full consideration to the data protection and human rights of the individual before doing so. Throughout this time, the usual conditions regarding the safe storage and strictly controlled access will prevail.

**Disposal**

Once the retention period has elapsed, we will ensure that any Disclosure information is immediately destroyed by secure means, i.e. by shredding, pulping or burning. While awaiting destruction, Disclosure information will not be kept in any insecure receptacle (e.g. waste bin or confidential waste sack). We will not keep any photocopy or other image of the Disclosure or any copy or representation of the contents of a Disclosure. However, notwithstanding the above, we may keep a record of the date of issue of a Disclosure, the name of the subject, the type of Disclosure requested, the position for which the Disclosure was requested, the unique reference number of the Disclosure and the details of the recruitment decision taken.

**Policy Statement: Secure Storage, Handling, Use, Retention & Disposal of Disclosures and Disclosure Information Acting as an Umbrella Body**

Before acting as an Umbrella Body (one which countersigns applications and receives Disclosure information on behalf of other employers or recruiting organisations), we will take all reasonable steps to satisfy ourselves that they will handle, use, store, retain and dispose of Disclosure information in full compliance with the DBS Code and in full accordance with this policy. We will also ensure that any body or individual, at whose request applications for Disclosure are countersigned, has such a written policy and, if necessary, will provide a model policy for that body or individual to use or adapt for this purpose.