Rev. May 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.

Any information you supply in this form is confidential and will only be used in respect of your voluntary placement, in line with data protection law. You have the right to object to us continuing to use your data at any time in the future. For more details about how we use your information, see our [Privacy Notice](http://www.keech.org.uk/privacy-policy).

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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. | |

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| 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: | |
| The information you provide in this section 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? (This information will be used to aid us in matching you with suitable voluntary roles) | |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Will only be contacted in the event of an emergency. | |

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? Please fill in or tick the boxes below as applicable.** | |
| 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 Please fill in or tick the boxes below as applicable.** | |
| **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 Please fill in or tick the boxes below as applicable.** | |
| **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)  **Please fill in or tick the boxes below as applicable.** | |
| Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  None  Other  Prefer Not to Say | |
| **SEXUAL IDENTITY** (mark one box only)  **Please fill in or tick the boxes below as applicable.** | |
| Bisexual  Gay  Heterosexual  Lesbian  Other  Prefer Not to Say | |

**For information about how we handle your data please see our** [**Privacy Statement**](http://www.keech.org.uk/privacy-policy)