

Title Mr/Mrs/Miss/Ms/Other	First Name	Preferred Name	Last Name
Address Post Code Tel. No. Mobile Tel No. Email address.		<u>Emergency Contact Details</u> Name Address Post Code Tel. No. Relationship	
Date of Birth(This is required for Insurance purposes)			
Do you have you a current driving licence? Do you have access to a car?		YES / NO (please delete as appropriate) YES / NO (please delete as appropriate)	
Have you any previous or present connection with the Hospice?			
Please tell us about any previous employment or voluntary work which is relevant to this role.			
Please tell us why and where you would like to volunteer?			
Please tell us about your skills and hobbies and how you believe they may help support the Hospice?			

Which Retail Outlet, are you interested in volunteering at?

Shops			
Cromwell Road – Grimsby	<input type="checkbox"/>	Donations Centre, Victoria Street. Grimsby	<input type="checkbox"/>
Freeman Street – Grimsby	<input type="checkbox"/>	West St Marys Gate – Grimsby	<input type="checkbox"/>
Pelham Road - Immingham	<input type="checkbox"/>	Newland Avenue – Hull	<input type="checkbox"/>
Market Place - Barton Upon Humber	<input type="checkbox"/>	St Peters Avenue - Cleethorpes	<input type="checkbox"/>
Queens Street – Louth	<input type="checkbox"/>	Second Gear, Pinfold Lane – Scartho	<input type="checkbox"/>
High Street – Sutton on Sea	<input type="checkbox"/>	Southgate – Sleaford	<input type="checkbox"/>
Gainsborough	<input type="checkbox"/>	Market Rasen	<input type="checkbox"/>

Tea Bars		Drivers & Assistants	
Hull Magistrates Court	<input type="checkbox"/>	Donation Centre – Collection Support	<input type="checkbox"/>
Immingham Pilgrim Care Centre	<input type="checkbox"/>	Donation Centre Driver *	<input type="checkbox"/>

E-Bay & Online Trading (Hainton Avenue)			
Listings & Administration	<input type="checkbox"/>	Online Packing	<input type="checkbox"/>
Photographer	<input type="checkbox"/>	Post Room Volunteer (<i>Mondays</i>)	<input type="checkbox"/>

***Please note that all Donation Centre / Collections Drivers must complete a DBS application and provide details of their current driving documentation prior to undertaking any driving roles for the Hospice and hold a C1 category or higher on their current license.**

What is your availability? (Please tick your regular availability)

Monday	MORNING	<input type="checkbox"/>	AFTERNOON	<input type="checkbox"/>	EVENING	<input type="checkbox"/>
Tuesday	MORNING	<input type="checkbox"/>	AFTERNOON	<input type="checkbox"/>	EVENING	<input type="checkbox"/>
Wednesday	MORNING	<input type="checkbox"/>	AFTERNOON	<input type="checkbox"/>	EVENING	<input type="checkbox"/>
Thursday	MORNING	<input type="checkbox"/>	AFTERNOON	<input type="checkbox"/>	EVENING	<input type="checkbox"/>
Friday	MORNING	<input type="checkbox"/>	AFTERNOON	<input type="checkbox"/>	EVENING	<input type="checkbox"/>
Saturday	MORNING	<input type="checkbox"/>	AFTERNOON	<input type="checkbox"/>	EVENING	<input type="checkbox"/>
Sunday	MORNING	<input type="checkbox"/>	AFTERNOON	<input type="checkbox"/>	EVENING	<input type="checkbox"/>

EMPLOYMENT OF RELATIVES - St Andrew's Hospice is committed to being an equal opportunities employer and recruiting the best person for the job and therefore welcomes applications from employee's relatives and partners however to ensure our recruitment procedures are transparent and avoid favoritism please state below any relationship you may have to an employee or volunteer.

DECLARATION (Please read this carefully before signing this application)

I confirm that the above information is complete and correct and that by providing any untrue or misleading information will give the Hospice the right to reject my application or to withdraw any voluntary post offered.

I also understand that anything I hear or learn, concerning individual patients or St Andrew's Hospice business in the course of my duty as a Volunteer, must be treated in the strictest confidence.

Signed.....Date.....

**ST ANDREWS HOSPICE
APPLICATION FOR A VOLUNTARY ROLE
SUPPLEMENTARY INFORMATION**

VOLUNTARY POST APPLIED FOR

Preferred Name	Last Name
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HEALTH DETAILS

Please list any diseases, disorders or allergies from which you have suffered or do suffer.

Please detail any form of medicine or treatment you are currently and/or regularly receiving.	Doctor's Name and Address.
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Do you have any disabilities, which may affect your volunteer duties? YES/NO

If YES, please give details.

If you have a disability please detail any reasonable adjustments that you believe may be needed either for interview purposes or to enable you to carry out the volunteer position applied for.

DECLARATION (please read this carefully before signing)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give the Hospice the right to reject my application, to withdraw any volunteer role offered or ask you to leave without notice.
2. I agree that the information provided in this application form may be processed by the Hospice in relation to my application for this post to assist in the decision making process. I further expressly agree that, should it be necessary to validate any of the information provided herein, the Hospice may release this information for verification purposes. If successful in my application it is agreed that any information provided will be retained by the Hospice in a secure confidential file and the contents only used for necessary business purposes subject to my express consent for disclosure where necessary.
3. I declare that I am mentally and physically fit for the purpose of the volunteer role for which I am applying. I hereby give my authority for the Hospice to contact my own doctor for any further details of my state of health (we would discuss this with you first before approaching your doctor)

Signed:	Date:
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Please complete legibly in your own handwriting in black ink

ST ANDREWS HOSPICE
EQUALITY AND DIVERSITY MONITORING

The Hospice is committed to an Equality and Diversity Policy. In order to monitor the effectiveness of this policy, all applicants are asked to complete this section. This information will not be used in the selection process and will be recorded on the HR system for the purpose of recruitment monitoring and production of statistics. All information will be held in confidence, and in accordance with provisions of the Data Protection Act (1988)

Ethnic Origin

Ethnic origin is not about nationality, place of birth or citizenship. It is about broad ethnic groups. You might belong to any of the groups indicated. **How would you describe your ethnic origin?**

British		White and Black Caribbean		Caribbean	
Irish		White and Black African		African	
Welsh		Indian		Any other black background	
English		Any other mixed background		Chinese	
Scottish		Pakistani		Any other Chinese background	
Other white background		Bangladeshi		Any other ethnic background	
White and Asian		Any other Asian background		Do not wish to declare	

Disability details

The Equality Act defines a disabled person as someone who has a physical or mental impairment that has a substantial and long term adverse effect on their ability to perform normal day to day activities. It also covers people who have been diagnosed with HIV, cancer or multiple sclerosis.

('substantial' means more than minor or trivial, 'long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months, 'normal day-to-day activities' include everyday things like eating, washing, walking and going shopping).

Does this definition apply to you?

Yes

No

Do not wish to declare

NB: All recruitment documents are retained for 12 months. When an application for a volunteer position is successful, this form forms part of the volunteer's personal file. In cases where the application is not successful, the information is recorded as statistical data and this document is then destroyed.

To ensure confidentiality with regards to your personal data, please complete the Supplementary Information and Equality and Diversity Monitoring form and enclose in the envelope marked Private and Confidential for attention of the HR Department only.

Please complete legibly in your own handwriting in black ink