



Apply to be a Volunteer

1 Personal Details

Title	<input type="text"/>	First name	<input type="text"/>	Middle name	<input type="text"/>
Surname	<input type="text"/>	Known as	<input type="text"/>		
Address	<input type="text"/>				
Town	<input type="text"/>	County	<input type="text"/>		
Postcode	<input type="text"/>	Date of birth	<input type="text"/>		
Home phone	<input type="text"/>	Work phone	<input type="text"/>		
Mobile phone	<input type="text"/>	Text Message	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Email address	<input type="text"/>				

2 How did you hear about us

Please tick to indicate how you heard about us

Flyer	<input type="checkbox"/>	Volunteering Fair	<input type="checkbox"/>	Word of Mouth	<input type="checkbox"/>	Friend/Relative was a patient	<input type="checkbox"/>
Website	<input type="checkbox"/>	Visiting Hospice	<input type="checkbox"/>	Social Media	<input type="checkbox"/>		

3 More about you

What has motivated you to become a volunteer?

Previous employment

Skills and hobbies

4 Volunteer Roles

Hospice	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>
Charity Shops	<input type="checkbox"/>
Van Driver	<input type="checkbox"/>

5 Charity Shops Locations

Birkenhead	<input type="checkbox"/>	Liscard	<input type="checkbox"/>
Bromborough	<input type="checkbox"/>	Moreton	<input type="checkbox"/>
Claughton	<input type="checkbox"/>	New Brighton	<input type="checkbox"/>
Heswall	<input type="checkbox"/>	West Kirby	<input type="checkbox"/>

6 Availability

Please tick to indicate when you would available

	Morning	Afternoon	Evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7 Previous volunteer experience

Please summarise any volunteer experience you may have

8 Referees

Please provide the details of two people we can write to for a personal reference

Title First name Surname

Address

Postcode

Email address

Title First name Surname

Address

Postcode

Email address

9 Emergency Contacts

Please provide the details of two people we can contact in the event of an emergency

Title First name Surname

Home phone Mobile phone

Work phone Relationship to you

Live at same address? Yes No

Title First name Surname

Home phone Mobile phone

Work phone Relationship to you

Live at same address? Yes No

10 Eligibility to volunteer in the UK

If you have the right to work in the UK on a permanent basis you are also normally allowed to volunteer. However, people from outside the European Economic area may need permission to undertake voluntary work. If in doubt, please contact the Home Office or speak to our Volunteer Services team..

Are you legally eligible for a volunteer role in the UK? Yes No

11 Data Protection

- I agree to your holding and processing of my personal data and information about me (electronically and by paper records).
- I understand that this information is collected for the purposes of managing and administering your staff and volunteers, as necessary for the legitimate interests of Wirral Hospice St John's. I also consent to the storage, transfer and processing by you of such data.
- I agree to adhere to the Data Protection and Information Governance Policies of the hospice.

12 Confidentiality

- I understand everything that I hear or learn in the course of my duty as a volunteer at Wirral Hospice St John's must be treated in the strictest confidence and should be considered as confidential unless I am specifically told otherwise. This must include information regarding individual patients, families of patients, staff, donors, supporters, colleagues and the activities of the hospice.
- By confidential, I understand that I must not share this type of information with anyone outside of the hospice, even families and friends.
- I agree that my duty to confidentiality continues indefinitely even after I have stopped my volunteering duties at the hospice.

13 Disclosure and Barring Service requirement

Because of the nature of the hospice's work, we are required to comply with the requirements of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Protection of Freedoms Act 2012. This places an obligation on us to obtain disclosure information from the Disclosure and Barring Service (DBS) for volunteer positions. If your application is affected by this, we will discuss it with you at the appropriate time. Further information may be found at www.gov.uk/dbs

14 Agreement and signature

I declare that the information contained in this form is true and complete. I understand that if it is subsequently discovered that any statement is false or misleading the hospice has the right to dismiss me from volunteering duties.

I also understand that any offer is subject to satisfactory references, disclosure and barring service check and production of requested documentation.

Date Name (printed)

Signature

15 Parent/guardian consent

(this is required for volunteers under the age of 18)

I give consent for the above named person to volunteer at Wirral Hospice St John's.

I agree to the holding and processing, electronically and by paper records, of their personal data and information.

Date Name (printed)

Relationship to the volunteer

Signature

16 Staying in touch

The voluntary services team at the hospice will contact you as necessary regarding your volunteer role. We will never share your details with other organisations to use for their own purposes.

We value all our volunteers and that's why we would like to keep you posted with occasional news about our work.

Please tick if you do not wish to receive the following post (opt out):

No Christmas catalogues	<input type="checkbox"/>	No events mail	<input type="checkbox"/>	No volunteer information	<input type="checkbox"/>
No regular giving mail	<input type="checkbox"/>	No memorial campaigns	<input type="checkbox"/>	No lottery mail	<input type="checkbox"/>
No fundraising asks mail	<input type="checkbox"/>	No legacy mailings	<input type="checkbox"/>		
No Light up a Life mail	<input type="checkbox"/>	No newsletters	<input type="checkbox"/>		
Telephone calls (opt out) We will only call if there is a query		No calls by telephone	<input type="checkbox"/>		
Emailing newsletter (opt in) Unsubscribe at any time from the bottom of an email		Yes to e-newsletters	<input type="checkbox"/>		

Your completed form can either be emailed as an attachment to volunteering@wirralhospice.org or posted to;

Volunteer Services
Wirral Hospice St John's, Mount Road,
Higher Bebington, Wirral, CH63 6JE

For any queries please call 0151 334 2778 Ex 109.

