

# Volunteer Application Form



This section must be completed for ALL volunteer applications.

## 1. Personal Details

Title	<input type="text"/>											
Full Name	<input type="text"/>											
Address	<input type="text"/>											
Post Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>											
Mobile Phone No	<input type="text"/>											
Home Phone No (optional)	<input type="text"/>											
Preference												
Date of birth	Mobile	<input type="checkbox"/>	Home	<input type="checkbox"/>	Email	<input type="checkbox"/>						
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>						
Emergency contact name	<input type="text"/>											
Relationship to you	<input type="text"/>											
Contact Phone No	<input type="text"/>											

## 2. How did you hear about us?

Marketing/Social Media	<input type="checkbox"/>	Referred by a friend	<input type="checkbox"/>									
Volunteer Bureau	<input type="checkbox"/>	Referred by a MAEH Volunteer or Staff	<input type="checkbox"/>	Other	<input type="text"/>							

## 3. Please tell us your preference for volunteer role and location (if known)

## 4. Please state if you are already involved in any Mary Ann Evans Hospice activities

**5. Do you have any qualifications, skills or experience?**

**6. Please give brief details of any previous volunteering experience undertaken (incl. dates)**

**7. Please tell us why you would like to volunteer with Mary Ann Evans Hospice. Do you have any skills / interests that you would like us to know about (eg speaking another language)?**

**8. Are there any adjustments that Mary Ann Evans Hospice could make to help you volunteer?**

**REHABILITATION OF OFFENDERS ACT 1974  
(EXCEPTIONS) ORDER 1975 (as amended in 2013)**

Because of the nature of the work for which you are applying involves direct contact with people who are receiving a health service, we are obliged to ask you, in connection with this application, to disclose any conviction you may have. Under the conditions of the above order, you are not entitled to withhold information about convictions, which otherwise might be considered "spent". In the event of voluntary work, failure to disclose such convictions could have a bearing on the work you want to do as a volunteer. Please give details of any convictions you may have, below. This information will be treated as strictly confidential.

Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)

Yes  No

If so, please give full details (including nature of offence and date).

**CONFIDENTIALITY DECLARATION**

I understand and accept that if I come into possession of information relating to patients/clients or the personal details of a member of staff then I should regard this information as confidential and not divulge it to anyone who does not have the right to such information.

I understand that if I contravene this requirement my placement will be terminated with immediate effect.

**Signed:**

**Date:**

# Volunteer Agreement

Please insert your name and sign at the bottom to say that you have understood and are in agreement with what can be expected of us and what we expect from you.

We, Mary Ann Evans Hospice, will do our best to:

- Provide basic training and induction
- Provide clear role descriptions and training for any specific volunteer role you undertake
- Ensure that the personal information you give us is treated with care and discretion
- Offer flexibility and the chance for personal development within your role wherever possible
- Offer the right to change your mind regarding a voluntary activity without feeling guilty
- Adhere to Mary Ann Evans Hospice policies and procedures on volunteering
- Ensure that you know how to keep yourselves and those we work with in a safe environment
- Treat you fairly and with respect and consideration at all times
- Try to resolve in a fair and just manner any problems, complaints or difficulties that you may encounter whilst volunteering with us

I,  agree to do my best to:

- Perform my role to the best of my ability
- Be present at the dates and times that I have agreed, and let my agreed contact know as soon as possible if I am unable to come
- Operate within Mary Ann Evans Hospice guidelines, procedures and standards
- Make sure my behaviour, attitude and language do not go against the aims and interests of Mary Ann Evans Hospice's vision or purpose
- Report any behaviour or allegations made to me by children or vulnerable adults or any concern about the behaviour of others
- Let you know if my circumstances change e.g. contact details, health conditions

**Signed**  **Date**

*Note: this agreement is binding in honour only and is not intended to be a legally binding contract between us and may be cancelled at any time at the discretion of either party. Neither of us intends any employment relationship to be created either now or at any time in the future.*

**You may also be required to complete an additional form if applying to work with children or adults or be based onsite at the Hospice.**

Mary Ann Evans Hospice will hold your information in our legitimate interests to manage the volunteer process. We will not share this information with any other organisations and will keep it for as long as you volunteer with us. You have a right to a copy of information we hold about you and, in some circumstances, to have it amended or deleted. For this, and to raise any issues on how your information is handled, please contact xxx.

# What Happens Next?

Thank you for taking the time to complete this form.

Once you have completed your application form please return to:

Business Support Team, Mary Ann Evans Hospice, Eliot Way, CV10 7QL

Email to [maehenquiries@geh.nhs.uk](mailto:maehenquiries@geh.nhs.uk), drop off at the shop you wish to volunteer at or the hospice.

We will require two character references from two referees who have known you for at least a year.

One should be from your current or most recent employer, or someone who can comment on you in an organisational capacity, through any other work or volunteering you have undertaken.

The second reference **should not** be from a family member or anyone you live with.

Please note it is your responsibility to obtain these references.

Please state below the name and contact details of two referees whom we can contact, with your permission:

## **Referee One**

Name

Address

Email

Telephone No

Relationship to you

## **Referee Two**

Name

Address

Email

Telephone No

Relationship to you

*If you have any questions about any part of this form please contact [maehenquiries@geh.nhs.uk](mailto:maehenquiries@geh.nhs.uk)*