

Volunteer Application Form

**Please complete in black ink**

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| **Personal details** |
| Mr/Mrs/Ms/Miss/Other |  | Forename |  |
| Surname |  | Date of Birth  |  |
| Address |  |
| County |  | Postcode  |  |
| Telephone Day |  | Telephone Evening |  |
| Mobile |  | Email |  |
| **Emergency contact** |
| Name |  | Tel no |  |
| Relationship to you |  |
| **About you** |
| Why do you wish to volunteer for St Margaret’s? |
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| **Experience and interests** |
| Please give details of any skills, experience or interests, paid or unpaid relevant to this volunteer role |
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| **Area of interest** |
| Do you have a particular area of volunteering that you are interested in or would you like to discuss all available roles? |
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| **Time commitment** |
| E.g. a few hours weekly/monthly/ad-hoc? Time of day? Weekday, evening or weekends?  |
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| How did you hear about volunteering for St Margaret’s Hospice |
| Leaflet  Recruitment Event  Fundraising Event Service user St Margaret’s Website  Member of Staff/Volunteer Social Media  Newsletter  Newspaper  Radio  |

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| **References** |
| Please provide us with two referees (not relatives) |
| **Referee 1**  |
| Mr/Mrs/Ms/Miss/Other |  | Forename |  |
| Surname |  |
| Address |  |
| County |  | Postcode  |  |
|  Email |  |
| Telephone |  | Mobile |  |
| Relationship to you  |  |
| **Referee 2** |
| Mr/Mrs/Ms/Miss/Other |  | Forename |  |
| Surname |  |
| Address |  |
| County |  | Postcode  |  |
| Email |  |
| Telephone |  | Mobile  |  |
| Relationship to you  |  |

**Data Protection**

Personal identifiable data is collected and processed in accordance with the Data Protection Policy. Data is kept up to date, limited to what is necessary and held securely. Data is only accessed by and shared with those who need it and only used for the purpose it was collected. Data is disposed of in line with the Records and document management policy.

Please see our privacy notice on our website for more information, or a copy can be obtained from your Volunteer Coordinator/Manager.

Let's keep in touch!

Your support means a lot to St Margaret's, and fundraisng and marketing look forward to keeping in touch with you by post and phone, sharing our news activities and appeals.

Would you like to receive our emails too? Yes/No

If you *do not* wish to receive marketing materials from St Margaret's Hospice Care please tick in the box **🞏**

**Disclosure and Barring Services**

Volunteers should note that St Margaret’s Somerset Hospice is exempt from section 4(2) of the rehabilitation of offenders Act 1974. This means that some volunteer roles may be subject to a Disclosure and Barring services application. We will inform you if this is required, if so the application will be completed prior to commencement as a volunteer**.**

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| **Signature**  |
| I certify that, to the best of my knowledge, the information I have given on this form is true and accurate. |
| Signed |  | Date |  |

**Please return this form (along with copies of documents you may have been asked for) to:**

 St Margaret’s Hospice, Heron Drive, Bishops Hull, Taunton, Somerset,, TA1 5HA

or email it to: volunteering@st-margarets-hospice.org.uk

**For more information:**

Tel: 01823 333822 ask for the Volunteer Administrator

**What happens next?**

* Once we have received your application you will be invited to meet with us
* Following the meeting, if both parties are happy to progress we will request your references and depending on the type of role you have applied for, ask you to complete a disclosure and barring service (DBS) application.
* Once we have received your references and DBS clearance (where required) we will provide you with a resource folder and will arrange an induction and training as required.

You will receive an ID badge once you start in your role. Please make sure you have your ID badge on you at all times when carrying out your role for St Margaret’s.