

Volunteer Application Form

Title:	Mr / Mrs / Miss / Ms / Other
Full Name:	
Address:	
Phone Number:	Home - Mobile -
Email Address:	
Qualifications / Skills:	Please provide any relevant qualifications (including date obtained) or life skills you have gained that you feel are relevant to your application.
Emergency Contact:	Name - Relationship - Contact Number(s) -

Employment:	Are you currently employed? Yes / No If 'Yes' please give details:
Volunteering:	Have you ever done any voluntary work before? Yes / No If 'Yes' please give details:
References:	Please give the names and addresses of TWO people whom we can approach for a character reference (Not relatives): 1st Reference Name: Address: Telephone: Mobile: Email: <hr/> 2nd Reference Name: Address: Telephone: Mobile: Email:
Transport: (To be completed by prospective drivers only)	Do you have a full UK driving licence? Yes / No
	Do you have any endorsements? Yes / No If 'Yes' please specify details including dates:
	What is your car insurance cover? Fully Comp / Third Party

Please complete one of the following sheets detailing where and when you would like to volunteer.

Criminal Record Declaration

Do you have any criminal convictions?
YES / NO

If YES please list ALL such convictions (including current driving endorsements) in the space provided below.

Are you currently being investigated by the police or other regulatory body?
YES / NO

If YES please give details in the space provided below.

Date	Conviction

Signed _____ Date _____

Print Name _____

Declaration

The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 provides that all convictions and offences of whatever nature (including motoring offences) and whenever they were committed must be revealed when applying for certain placement at the Hospice.

Criminal records will be taken into account for recruitment purposes only when the conviction is relevant. Having an “unspent” conviction will not necessarily bar you from a placement. This will depend on the nature of the placement and the circumstances and background of your offences. However, any “unspent” convictions, which are not declared and subsequently revealed, may result in exclusion.

A copy of the Disclosure and Barring Service (DBS) Code of Practice and the Hospice’s Equal Opportunities Policy for volunteers are available upon request.

I understand that any placement offered will be on a voluntary basis and will be subject to the information given on this form being correct, two satisfactory references received and that a DBS check will be requested if applicable. All information on this form will be stored in line with the Data Protection Act 1998 and the DBS Code of Practice.

Once again thank you for applying for a volunteering opportunity with Severn Hospice.

Severn Hospice may occasionally send you details of our other services, events and / or raffles. If you do not wish to receive this information, please tick here.

As part of the recruitment process, we would be grateful if you would complete the form fully and return it to either:

Voluntary service team, Severn Hospice, Bicton Heath, Shrewsbury, SY3 8HS
01743 236565.

Voluntary service team, Severn Hospice, Apley Castle, Telford, TF1 6RH
01952 221350.

Signature _____ Date _____

Print name _____

