**Volunteer Application Form**

**ROLE APPLIED FOR**

**PERSONAL DETAILS**

|  |  |  |
| --- | --- | --- |
| Title: | Forename: | |
| Surname: | | |
| Address: | | |
|  | | Postcode: |
| Home Telephone: | | |
| Mobile Telephone: | | |
| Email Address: | | |

**AVAILABILITY**

 Please tick when you are available to volunteer

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Day | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

**ADDITIONAL INFORMATION**

|  |
| --- |
| Do you have any particular skills which may be appropriate to this role, including previous roles or occupations? |
|  |

**REFERENCE**

Please give details of one referee that you are happy for us to contact. They must have known you for a minimum of 2 years and they must notbe a relative, or in a personal relationship with you, or live at the same address. The person does not have to be a past employer.

|  |  |
| --- | --- |
| Title: | Forename: |
| Surname: | |
| Address: | |
| Mobile Telephone: | |
| Email Address: | |

**HEALTH DECLARATION**

Please be aware disclosures are strictly confidential, considered in line with Disability Discrimination Act 2010.

Do you have any health issues, disabilities or additional support needs that will require us to make adaptations for interview or in your volunteering role?

If yes, please provide details –

**Your information**

Under the provisions of UK Data Protection regulations all personal details supplied on this form will be treated as confidential and will only be used for the recruitment and ongoing management of volunteers. During your voluntary position we may be required to process information relating to your health where it is necessary for us to ensure your safety and wellbeing in carrying out your role. All personal information will be kept securely with access limited to those who need to see it to carry out their role. It is important that you advise us of any changes to your personal details so that our records remain current. More information about how we collect, use, store and dispose of your personal data, as well as your rights, can be found in our Employee and Volunteer Privacy Notice.

**Confidentiality**

You may not during or after leaving Rowcroft disclose to anyone any information of a confidential nature relating to Rowcroft or its business or patients. Any breach of this clause could lead to prosecution under relevant legislation.

**Declaration**

I confirm that the information I have given on this form is correct and complete. I understand that any misleading statements may result in any volunteering arrangement being terminated.

I understand that because of the work Rowcroft carries out, this voluntary role is exempt from the Rehabilitation of Offenders Act 1974 and I will be asked to make a self-declaration about any criminal record I may hold. I also understand that this declaration will include details of any convictions, cautions, reprimands or final warnings or any other information that may have a bearing on my suitability for a volunteering role. I agree to declare any changes to this declaration during my time with Rowcroft.

**Safeguarding**

I understand that Rowcroft welcomes young and vulnerable adult volunteers and that Rowcroft has systems in place to promote safeguarding for children and vulnerable adults which I will adhere to.

**Signed:**

**Date:**

Thank you for completing this form. Kindly return to [volunteering@rowcrofthopsice.org.uk](mailto:volunteering@rowcrofthopsice.org.uk) or by post to

Volunteering Department, Rowcroft Hospice, Avenue Road, Torquay, Devon TQ2 5LS.

[www.rowcrofthospice.org.uk](http://www.rowcrofthospice.org.uk)

Registered Charity Number: 282723

**Equal opportunities monitoring**

**Completion of this form is optional.** Rowcroft Hospice is committed to equal opportunities in all its activities.

The information provided will help us monitor applicants for equality purposes and will be treated in strict confidence. The form will be detached from your application and play no part in the selection process.

|  |  |  |
| --- | --- | --- |
| Gender | | |
| male | female | non-binary |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Age | | | | | | |
| Under 18 | 19 – 25 | 26 – 35 | 36 – 45 | 46 – 55 | 56 – 65 | 66+ |

|  |  |  |
| --- | --- | --- |
| Disability | | |
| Do you consider yourself to have a disability | yes | no |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Ethnicity | | | | | | | |
| White | | | | | | |  |
| White British | | | | White Irish | | | |
| White Other White background (Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | | |
| Mixed | | | | | | | |
| White and Asian | | White and Black African | | | | White and Caribbean | |
| Other Mixed background (Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | | |
| Black | | | | | | | |
| African | | | Caribbean | | | | |
| Other Black background (Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | | |
| Asian | | | | | | | |
| Bangladeshi | Indian | | | | Pakistani | | |
| Other Asian background (Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | | |
| Other Ethnic Group | | | | | | | |
| Chinese | Latino | | | | Arab | | |
| Prefer not to say | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Religion | | | |
| Christian | Buddhist | Hindu | Jewish |
| Muslim | Sikh | No religion | Prefer not to say |
| Other (Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | |