

Volunteer Application Form

Please complete in **BLOCK** capitals

| | |
|--|---|
| VOLUNTEER POSITION APPLIED FOR <i>(please circle the areas you are interested in)</i> | |
| Family support counsellor | Family support student counsellor |
| Mr/Mrs/Miss/Ms | |
| Forename: | Surname: |
| Address: | |
| | |
| Postcode | |
| Tel: | Mob: |
| Email: | |
| Next of Kin: | Contact Tel: |
| NOK relationship to you: of? | Do you have any health conditions we need to be aware |
| Are you over the age of 16? Y/N | |

| |
|---|
| Any relevant work experience and/or qualifications (including those currently studying) |
| Reason for applying: |

| AVAILABILITY | | | | | | | |
|---|--------|---------|-----------|----------|--------|----------|--------|
| <i>Please specify the day/s you are able to volunteer</i> | | | | | | | |
| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| AM | | | | | | | |
| PM | | | | | | | |

Please provide the details of two persons we can contact to obtain a reference for you. Neither should be a relative. ***It will speed up your application if you can ensure you provide email addresses.***

| | |
|---------------|---------------|
| 1) Name: | 2) Name |
| Address: | Address: |
| Tel: | Tel: |
| Email: | Email: |
| Relationship: | Relationship: |

Please note these references will only be taken up in the event of a volunteering position being offered.

Privacy notice:

The information we collect will be used for the administration of this application. To see other ways in which we may use your data and how we store it, please see our Privacy Notice at www.pendleside.org.uk. You have the right to withdraw, correct, erase, restrict our use of and access to the information we store about you. Please email info@pendleside.org.uk for any such requests.

Photography/Film Consent

In the event of becoming a volunteer, I consent to Pendleside Hospice using film or photography featuring my image both internally or externally. This applies to all print and digital media formats

Yes/No

Signature:

Disclosure and barring requirements:

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 certain 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

I declare that the information contained in this application form is true and complete to the best of my knowledge, and I understand that any false information may result in me being asked to cease volunteering with the Hospice.

Signed:

Date:

Print Name:

PLEASE RETURN THE COMPLETED APPLICATION FORM TO THE HOSPICE'S VOLUNTEER COORDINATOR OR FAMILY SUPPORT TEAM LEADER

Address: Pendleside Hospice, Colne Road, Reedley, Burnley, Lancashire, BB10 2LW or

Volunteer coordinator: lisa.clarke@pendleside.org.uk

Family support team leader: simon.frauts@pendleside.org.uk

For further information please ring 01282 440102

THANK YOU FOR YOUR APPLICATION TO VOLUNTEER FOR PENDLESIDE HOSPICE.