

Volunteer Application Form

Personal Details

Mr / Mrs / Ms / Miss / Dr / Other

Surname:

Forename(s):

Preferred Name:

Email Address:

Address:

Postcode:

Telephone No:

Mobile Telephone No:

Age Group:

16-18

19-30

31-50

51-65

Over 65

Duke of Edinburgh (please state age)

Minimum age for volunteers is 16 years

Why do you want to volunteer for St Catherine's Hospice. Please TICK the options applicable:

Increase social contact

☐

Rehabilitation following illness/bereavement

☐

Feel useful/needed

☐

Remain active and healthy

☐

A personal connection with the hospice

☐

Other (please state)

☐

Work experience

☐

Qualifications/skills and interests

Tell us about your qualifications, skills and interests that could benefit the hospice:

Other Information

Some of our volunteer positions involve driving duties.

Do you possess a clean driving licence? **Yes / No**

If no, please give brief details of driving convictions/points that you have on your licence:
(each case will be looked at on an individual basis)

Do you have your own transport available, which you would be happy to use whilst on duty? **Yes / No**

How did you hear about the volunteer opportunities (please circle)

Hospice Website

Recommendation

Personal Experience

Hospice Newsletter

Local Volunteer Network

Social Media

Media (print/broadcast)

Hospice Shop

Other (please state)

Availability

Which days are you available? **MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY ANY**

What times are you available? **9am – 1pm 1pm – 4pm 4pm – Late ANY**

When are you available? **Every Week Every Other Week Other (please specify)**

COMMITMENT TO THE HOSPICE

Please be advised that the minimum volunteer commitment to the Hospice is 6 months

Volunteer Duties

If you are interested in a particular role that you have seen advertised, please indicate:

Volunteers support St Catherine's in a huge variety of roles across the organisation. They are at the heart of the hospice and the charity couldn't survive without them. Please indicate below which voluntary roles would be of interest to you. Please rank your preferences, where 1 is first choice, 2 is second choice, etc.

If you would like to know more about the many rewarding volunteering opportunities at St Catherine's, please contact the Volunteering Office by emailing volunteering@stcatherines.co.uk; calling **01772 629171** or visiting www.stcatherines.co.uk.

Duties in the Hospice

Patient related opportunities

Befriending

☐

General Ward Volunteer

☐

Qualified Counsellors

☐

Rehabilitation Assistant

(Mobility Assessments / Diversional activities with patients)

☐

Other opportunities

Administration

☐

Events

☐

Housekeeping/Laundry

☐

Maintenance/Gardening

☐

Catering Assistant

(Main Kitchen)

☐

Duties in The Mill Café

Advisor

(The Mill)

☐

Catering Assistant

(The Mill Café)

☐

Events

☐

Duties in Trading Retail/Charity Shops

Adlington

(Charity Shop)

☐

Ashton

(Charity Shop/Book Shop)

☐

Bamber Bridge

(Charity Shop)

☐

Chorley

(Charity Shop/Furniture Shop/Bookshop)

☐

Donation Centre

(based at the Hospice)

☐

Driver

(moving goods and furniture)

☐

Ebay

(based at the Hospice)

☐

Fulwood

(Charity Shop)

☐

Leyland

(Charity Shop/Furniture Shop)

☐

Longridge

(Charity Shop)

☐

Longton

(Charity Shop)

☐

Lostock Hall

(Charity Shop)

☐

Preston

(Charity Shop/Superstore/Magistrates Tea Bar)

☐

Penwortham

(Charity Shop)

☐

Reception

(New Goods Shop and café)

☐

The Mill Shop

(Charity gift shop)

☐

Criminal Records

Due to the nature of the work involved within the Hospice and the other associated businesses, some volunteer positions are exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Dependent on the volunteer role you may be required to obtain Disclosure and Barring clearance. You are therefore not entitled to withhold information about convictions which for other purposes are classed as "spent" under the provisions of the Act. Failure to disclose such convictions may result in you being unable to volunteer at the hospice.

If you wish to discuss this further please contact a member of the Volunteer team on **01772 629171**

Fitness to volunteer

Do you have a disability or condition which would require reasonable adjustments to be made to enable you to volunteer for the hospice?

Yes / No

Do you have any medical conditions that the hospice should be aware of prior to you commencing your role as a volunteer?

Yes / No

If yes to any of the above, please give details:

References

All volunteer appointments are subject to satisfactory references. Please supply details of two referees who have known you for at least two years, preferably one from a work or volunteer capacity. **References will be taken up prior to you commencing as a volunteer. References from family members will not be accepted.**

Name of referee 1:

Name of referee 2:

Relationship to applicant:

Relationship to applicant:

Address:

Address:

Postcode:

Postcode:

Email address:

Email address:

Telephone number:

Telephone number:

Data Protection

Under the Data Protection Act you are advised that the details provided on this application form will be used only for the purpose of your volunteering duties and will not be passed to any third parties without prior consent. By signing this application form you are giving St Catherine's Hospice consent to use and process your details and approach your referees.

I declare that the information given in my application is correct and I give my consent for my details to be processed for the purpose of volunteer recruitment.

Signature:

Date:



My preferred way(s) to be contacted with news, events and campaigns from St Catherine's Hospice are (please feel welcome to tick more than one box):

Post ☐

Email ☐

Telephone ☐

SMS text message ☐

Date:

Signed:

Thank you for completing your application form. Please return to the reception desk at the Hospice or by post to: Volunteer Department, St Catherine's Hospice, Lostock Lane, Lostock Hall, Preston, PR5 5XU