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| **Volunteer Application Form** |  |

## Applicant Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  | Mr./Mrs./Miss/Ms./Dr./Rev,/etc. |

|  |  |  |
| --- | --- | --- |
| Address: |  | |
| Postcode: |  |  |

|  |  |
| --- | --- |
| DOB: |  |

|  |  |
| --- | --- |
| Day time telephone: |  |
| Evening telephone: |  |
| Mobile: |  |
| Email: |  |

**How did you hear about Claire House?**

|  |  |  |  |
| --- | --- | --- | --- |
| Claire House Magazine |  | Local Voluntary Centre |  |
| Friend or Relative of Claire House |  | Media – Local Press |  |
| Internet |  | Passing by shop/ hospice |  |
| Online |  | University/College |  |
| Staff Member |  | Other |  |

**Are you…**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Employed full-time |  | | Self-employed | | |  | |
| Employed part-time |  | | In education | | |  | |
| Unemployed |  | | Retired | | |  | |
| If you are employed or in education, please name your employer or educational institution. | |  | | | | |
| Claire House will utilise your employment or education information as a means to create links within the community. This will assist Claire House to reach more children and families who require our support.  **Have you ever been convicted of a criminal offence?** | | YES | | NO |  | | | |

|  |  |
| --- | --- |
| Declaration subject to the Rehabilitation of Offenders Act 1974 | |
| If yes, please give details : |  |

Should your volunteer application be unsuccessful Claire House will destroy your information in accordance with Data Protection Legislation. Any information given on this form is confidential and covered by the Data Protection Act 1998. Any offer of a volunteer post is subject to satisfactory references and a check from the Disclosure and Barring Service (DBS) (if appropriate to the role). Having a criminal record will not necessarily bar you from volunteering with us. Please contact Voluntary Services if you wish to discuss this further.

**Please preference a maximum of two key areas you wish to volunteer in:**

|  |  |  |  |
| --- | --- | --- | --- |
| Fundraising/Events |  | Gardeners |  |
| Reception/Admin Support |  | Hospice Care |  |
| Hospice Driver |  | Hospice Play |  |
| Retail Driver |  | Complimentary Therapy (Restrictions apply) |  |
| Retail Shop |  | Counsellors (Restrictions apply) |  |
| Housekeeping |  | Sibling Support |  |
| Kitchen |  | EBay Assistant |  |
| ICT support / PAT testers |  | Accounts |  |
| Other: Please specify | | | |

**When are you available to volunteer?**

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

**Please give two names of people we can contact for references. These should not be relatives.**

Reference 1 Reference 2

|  |  |
| --- | --- |
| Name: | Name: |
| Address: | Address: |
| Postcode: | Postcode: |
| Daytime telephone: | Daytime telephone: |
| Email: | Email: |
| Relationship to you: | Relationship to you: |

Person to notify in case of an emergency:

|  |  |
| --- | --- |
| Name: | Mobile Phone: |
| Relationship to you: | Landline: |

Claire House Children’s Hospice is committed to being an equal opportunities organisation. Our aim is always to recruit the right person for the task and therefore welcomes applications from employee’s relatives and partners. However, to ensure our recruitment procedures are transparent please state any relationship you have to Claire House, a staff member, family or a volunteer:

|  |
| --- |
|  |

Please explain why you would like to volunteer with Claire House and what you would like to get out of the role?

|  |
| --- |
|  |

Please share any relevant skills or experience you have for the role. This may include education, work or voluntary experience.

|  |
| --- |
|  |

Do you have any medical conditions or disability which may affect your volunteering at Claire House or that our staff needs to be aware of? If yes, please provide further information or indicate if you would like to discuss with a member of staff. (Claire House reserves the right to request further medical reports or information at our expense)

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| --- |
| **For Office Use Only:**  Location of volunteering:  Line Manager: |

We’d really like to keep you up to date on information, regarding your volunteering that we feel you may want to know about, including our Volunteer Newsletter, thank you’s and invitations to events.

Please confirm your preferred method of communication:

|  |  |
| --- | --- |
| Telephone |  |
| Email |  |
| Postal |  |

**Opt out**

**Many thanks for completing the application form.**

**A member of the team will be in touch within three days.**

**The Small Print**

**Confidentiality Statement**

I understand that whilst volunteering at Claire House I may see information about children and their families, patient care, fundraising, financial information, staff, volunteers, sponsors and suppliers. Any information I receive is given in the strictest of confidence and I will not be disclosed to anyone outside of Claire House both during my time volunteering and after. Claire House will deem any breach of confidentiality as a serious offence and appropriate action will be taken.

I agree to uphold this commitment to abide by the terms set out in the Claire House confidentiality agreement.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Health and Safety Agreement**

All volunteers must follow the arrangements described in the Claire House Health and Safety Manual and safe systems of working.

We would remind you that volunteers have duties under The Health and Safety Work Act to:

Take reasonable care of your own health and safety and that of anyone affected by what you do. Be aware of how your activities may affect other people. Co-operate with Claire House rules and procedures that are in place for your health and safety. Do not misuse any equipment provided for Health and Safety reasons.

I hereby state I have read and understood the Health and Safety Agreement and will abide by its terms.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Disclaimer**

I consent to checks being made with relevant parties and declare that the information that has been given in this form is correct to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

|  |  |
| --- | --- |
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| --- | --- |
| **Diversity Monitoring Form** |  |

Please help us to monitor our volunteer recruitment procedures. This information will be used for monitoring purposes only and will not be used for any purpose other than monitoring. By completing and returning this form you are providing Claire House with your explicit consent to this use. The confidential monitoring form does not constitute any part of the recruitment and selection process for volunteers.

**Are you:**

|  |
| --- |
| Male  Female  Transgender |

**Age:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Under 18 |  | 18 – 24 |  | 25 – 34 |  | 35 – 44 |  |
| 45 – 54 |  | 55 – 64 |  | 65 – 74 |  | 75+ |  |

**Do you identify as someone living with a recognized disability as outlined in the Disability Discrimination Act?**

Yes  No  Do not wish to disclose

**What is your ethnic group?**

|  |  |  |  |
| --- | --- | --- | --- |
| Asian or Asian British – Bangladeshi |  | Asian or Asian British – or any other Asian background |  |
| Asian or Asian British - Pakistani |  | Asian or Asian British – Indian |  |
| Black or Black British – African |  | Black or Black British - Caribbean |  |
| Black or Black British – Other |  | Chinese |  |
| Mixed White and Asian |  | Mixed White and Black African |  |
| Mixed White and Black Caribbean |  | Mixed – any other mixed background |  |
| White - British |  | White – Irish |  |
| White – Scottish |  | White – Welsh |  |
| White – English |  | White any other white background |  |
| Any other |  | Please State: | |