



Durdar Road, Carlisle CA2 4SD - Telephone: 01228 810801

Volunteer Application Form

Thank you for your interest in Volunteering. Please complete in black ink and return to the People Services Department at the address shown above, marked Private & Confidential.

Your Details

Forename(s): _____ Surname: _____

Address: _____

Postcode: _____

Phone: _____ Email Address: _____

Which Volunteering Opportunity you are interested in?

How did you hear about us?

We'd love to know how you heard about volunteering with us.

Have you suffered a **close bereavement** in the past two years? If yes, please provide details. Each case will be considered on an individual basis.

Do you consider yourself to have a **disability** or **condition** which would prevent you from undertaking the role of volunteer? If yes, please provide details:

Do you require any **adjustments to be made** to assist you to undertake the role of volunteer? If yes, please provide details:

Why you?

Tell us why you would be suited to the volunteering opportunity for which you are applying.

Personal skills & experience

E.g. crafts, IT skills, administration skills, play a musical instrument, etc.

Personal references

Please give details of two people (other than relatives) we can approach for references and are able to comment on your suitability as a volunteer. You must have known these people for two years or longer.

Name: _____

Name: _____

Address: _____

Address: _____

Email: _____

Email: _____

Telephone: _____

Telephone: _____

Relationship to you: _____

Relationship to you: _____

Criminal convictions

Due to the nature of the work involved within the Hospice and the other associated businesses for which you are volunteering, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Dependent on the role, successful applicants 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 work as a volunteer at the Hospice. If you wish to discuss this further please contact a member of the People Services Department at the Hospice on 01228 810801.

Signed: _____

Date: _____

If you are unable to sign this declaration, you must list all your criminal convictions, cautions, reprimands or warnings on a separate sheet, including the date, offence and sentence details.

Confidentiality statement

I understand that whilst volunteering at Eden Valley Hospice & Jigsaw I may see information about patients and their families, patient care, fundraising, financial information, staff, volunteers, sponsors and suppliers. Any information I receive is given in the strictest confidence and will not be disclosed to anyone outside of Eden Valley Hospice & Jigsaw, both during my time volunteering and after. Eden Valley Hospice & Jigsaw 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 Eden Valley Hospice & Jigsaw Confidentiality Agreement.

Signed: _____

Date: _____

Communications

We'd really like to keep you up to date on information regarding your volunteering that we feel you may want to know about. This includes our Volunteer Newsletter, thank yous and invitations to events. Please confirm your preferred method of communication by ticking the relevant boxes below:

Telephone:

Email:

Post:

Opt Out:

Work Permit

Do you need a work permit to work in the UK?

YES NO

Health and Safety Agreement

All volunteers must abide by Eden Valley Hospice and Jigsaw safety procedures and policies.

We would remind you that volunteers have duties under the Health and Safety at 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 Eden Valley Hospice & Jigsaw 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.

Signed: _____ Date: _____

Declaration

I hereby confirm that I wish to apply as a volunteer with Eden Valley Hospice & Jigsaw (EVH) and confirm the information contained in this application is true and accurate. I further grant the charity permission to take up such references as they feel appropriate to my application and, if required, to carry out the police check required by law for me to work with 'vulnerable' people. I further give Eden Valley Hospice & Jigsaw permission to process the information provided in accordance with the UK General Data Protection Regulation (UK GDPR).

Under UK GDPR I understand that the details provided on this application form will be used **only** for the purpose of volunteer recruitment and, if successful, to administer my role as a volunteer at Eden Valley Hospice & Jigsaw (unless indicated in Communications above). **EVH will not pass your details onto any third parties without prior consent.**

Signed: _____ Date: _____

Please return to:
People Services
Eden Valley Hospice & Jigsaw
Durdar Road,
CARLISLE
CA2 4SD

Telephone: 01228 810801

www.edenvalleyhospice.org

www.jigsawhospice.org

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