



Eden Valley
Hospice



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 opportunities you are interested in?

Availability

✓	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 & interests

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: _____

Right to work in the UK (Only to be completed by non UK citizens)

If you are in the UK on a visa does it give you the right to work in the UK?

☐

Yes

☐

No

What category of visa do you hold? _____

You are responsible for ensuring you are allowed to volunteer, failure to do so could jeopardies your immigration status. If in doubt contact the UK Border Agency for advice.

Permission to volunteer (Only to be completed for those aged under 18)

If you are aged under 18 please ask a parent or legal guardian to sign below, by doing so they are confirming they give permission for you to volunteer with us.

Full name: _____

Signed: _____

Date: _____

How did you hear about us?

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

Please return to:

People Services

Eden Valley Hospice & Jigsaw

Durdar Road,

CARLISLE

CA2 4SD

Telephone: 01228 810801

www.edenvalleyhospice.org

www.jigsawhospice.org

A registered charity no. 1008796

Volunteer Application Form 2024 v4.0