**Volunteer Application Form**

This form is used for us to record important information about our volunteers. If you have any concerns with any of the questions please discuss this with a member of staff. All information will be kept confidential. Please complete all sections of the form up to page 1-3. The Equality & Diversity section (pages 4-5) is optional and you do not have to complete this section should you not wish to do so.

**Your Details**

Title:

Full Name:

Address:

Postcode:

Home phone: Mobile phone:

Email:

**In the event of an emergency, who should we contact on your behalf?**

Name:

Phone number:

Relationship:

**References**

Before we engage volunteers it is our policy to seek two references. Please provide contact details of your referees below.

Reference 2

Name:

Address:

 Post Code:

Email (if Available):

Tel No (If Available):

Reference 1

Name:

Address:

 Post Code:

Email (if Available):

Tel No (If Available):

**Volunteer Application Form (Page 2)**

**Please tick area of interest**

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| **WITHIN THE HOSPICE** |
| **AREA** |  **√** |
| Community Hub Mon – Fri Flexible 9am – 5pm  |  |
| Transport for Patients Mon – Fri Flexible 9am – 5pm |  |
| Gardening Any day Flexible |  |
| Reception Mon – Fri 4 – 6pm ( ) 6 – 8pm ( )  |  |
|  Sat – Sun 10am –12noon ( )12 – 3pm ( ) 3– 6pm ( ) |  |

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| **SHOPS** |
| **Monday till Saturday** |  | **√** |  | **√** |
| **Barrhead 228 Main Street** | **10am - 1pm** |  | **1pm - 4pm** |  |
| **Johnstone (Home & Leisure) 44b High Street** | **10am - 1pm** |  | **1pm - 4pm** |  |
| **Paisley (Glasgow Road Store)** | **10am - 1pm** |  | **1pm - 4pm** |  |
| **Paisley Centre (High Street)** | **9am - 1pm** |  | **1pm - 5.30pm** |  |
| **Renfrew 17-19 Dunlop Street** | **10am - 1pm** |  | **1pm - 4pm** |  |
| **Paisley – Neilston Road** | **10am - 1pm** |  | **1pm - 4pm** |  |

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| **FUNDRAISING** |
| **Area** | **√** |
| **Wide variety of activities** Including Summer / Christmas Fayres, Mailing, Bucket collections, Stewarding and lots more fun activities to help the Fundraising Team. You will receive an email with what help is needed and you can decide whether it is something you can do. |  |
| **ACCORD Ambassador** To raise awareness of the work of ACCORD by giving talks to local community groups. |  |

**Can you expand on what skills/experience you have in this particular area, or why you feel you are suited to a particular role?**

**Can you tell us what has attracted you to a particular role/or roles above?**

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| **OTHER AREAS** |
| **Area** | **√** | **Area** | **√** |
| **Bereavement Support** |  | **Other (please specify)** |  |

**Volunteer Application Form (Page 3)**

**Criminal Conviction Self Declaration**

We ask all volunteers with us to give us information of previous convictions. Having a previous conviction does not automatically bar you from volunteering with us, but it will help us, in discussion with you, to decide if the opportunity you have applied for is the most suitable. All information given here will be kept in your personal file which can only be accessed by authorised staff.

Under the terms of the Rehabilitation of Offenders Act 1974, you are entitled to withhold information about any convictions against you which are now considered ‘spent’.

You may only withhold information on ‘spent’ convictions.

Please ask us if you need any help completing this section of the form and we will be happy to assist you.

|  |  |
| --- | --- |
| **Conviction** | **Date Offence Occurred** |
|  |  |
|  |  |
|  |  |
| **Criminal Convictions Pending** |  |
|  |  |
|  |  |

DOB Month:

DOB Year:

DOB Date:

Equality and Diversity

**Please tick if you do not wish to complete this section**

ACCORD Hospice aims to provide equal opportunities and fair treatment for all volunteers. The information provided below will be extracted from the application form and will not be stored with any identifying information.  It will be used for monitoring purposes only, to provide ACCORD with an overall analysis of our volunteers, which helps us to achieve our aim of having an equal and diverse volunteer base. You do not have to complete this section.

**Which one of the following best describes your gender?**

* **Male**
* **Female**
* **In another way**
* **Prefer not to say**

**If you describe your gender with another term, please provide this here**

**Sexual Orientation**

* **Heterosexual / Straight**
* **Gay / Lesbian**
* **Bisexual**
* **Prefer not to say**

**Religion**

* **No Religion**
* **Christian**
* **Buddhist**
* **Hindu**
* **Sikh**
* **Jewish**
* **Muslim**
* **Any other religion or belief**
* **Prefer not to say**

**How would you describe your ethnic origin?**

**White**

* **Scottish**
* **Other British**
* **Irish**
* **Gypsy or Traveller**
* **Polish**
* **Other White Background**

**Mixed / Multiple Ethnic Groups**

* **White and Black Caribbean**
* **White and Black African**
* **White and Asian**
* **Other Mixed Background**

**Asian / Asian British**

* **Indian**
* **Pakistani**
* **Chinese**
* **Other Asian Background**

**Black / African / Caribbean / Black British**

* **African**
* **Caribbean**
* **Other Black / African / Caribbean Background**

**Other Ethnic Group**

* **Arab**
* **Other Ethnic Background**
* **Prefer not to say**

**Do you consider yourself to have a disability?**

Section 6 (1) of the Equality Act states that a person has a disability if:

That person has a physical or mental impairment, and

The impairment has a substantial and long-term adverse effect on that person’s ability to carry out normal day-to-day activities.

* **Yes**
* **No**
* **Prefer not to say**

**Data Protection Legislation**

You are providing your personal details to ACCORD Hospice as part of your involvement as a volunteer within the organisation. The collection and use of this information is part of ACCORD’s official functions necessary to support the management and delivery of volunteering services within the organisation.

The information on our volunteer database will be used to match volunteers with appropriate opportunities and to retain a record of volunteering activity for administration purposes. Anonymised reports will be created from the information and used to inform our service developments.

Your personal details will not be shared within the organisation or with other external organisations unless otherwise agreed or if the law says we should.

The details you provide will be stored in a secure database accessible to only those staff involved in the management and support of volunteers. It will be retained for six years from the point you cease volunteering.

You have the right to ask us for a copy of your information that we hold, or to request correction or rectification if you think it is inaccurate.

If you have any queries regarding the way in which we process your personal information please inform us at the volunteering service so that we can resolve any issues. If you are unhappy with how your request has been dealt with please contact our Data Protection Officer. Their contact details are noted below:

Data Protection

Information Governance

ACCORD Hospice

7 Morton Avenue

Paisley

PA2 7BW

Email: dpo@accord.org.uk

**Declaration**

I have completed the volunteer application form and the details I have supplied are, to the best of my knowledge, true and complete;

I understand that if appointed to this voluntary position the information on this form will be kept as part of my volunteer personal file record;

I authorise ACCORD Hospice to obtain references in support this volunteer application;

I consent to my details being kept confidentially and used for specific and lawful purposes as specified in Data Protection legislation;

I declare that I have no previous convictions, or have identified any I have above.

**Read, agreed and understood (check box)** [ ]

I declare that, to the best of my knowledge, the above information is correct. I understand that if I take up a volunteer opportunity and it is found that I have deliberately given false information or withheld relevant information, then the opportunity may be withdrawn.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE RETURN COMPLETED FORMS TO:**

ACCORD Hospice

Morton Avenue

PAISLEY

PA2 7BW

For Office use only

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| --- | --- | --- | --- |
| **ACTION** | **DATE** | **ACTION** | **DATE** |
| Application Received |  | Application added to RE |  |
| Letter of acknowledgement sent |  |
| Reference Requests Sent |  | References received |  |
| Driving Licence Checked*(if applicable)* |  | Car Insurance Checked*(if applicable)* |  |
| PVG/Disclosure Sent |  | PVG/Disclosure Received |  |
| Interview Date |  |
| **Shop volunteer applicants:**Copy of application form passed to Shops’ Manager  |  |
| **Successful Applicant:** Contact applicant with volunteer duty details and induction training dates |  |
| **Unsuccessful Applicant:** Letter of regret sent |  |

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| **REGULAR DUTY(ies)** |
| **DAY** | **DUTY** | **TIME** | **Wk/Fort/Mth** |
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| **RECORD of TRAINING** |
| **DATE** | **TYPE OF TRAINING** | **INPUT TO R EDGE** |
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| **COMMENTS** |
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| --- | --- |
| **STARTING DATE:** | **LEAVING DATE:** |
| Reason for leaving |