**VOLUNTEER APPLICATION FORM**

*\*Contact us if you need this application form in an alternative format or if you need any adjustment for any potential interview.*

*\*Please note we are unable to accommodate volunteers under the age of 16. All ongoing hospice based volunteering roles are for people aged 18 years and above.*

**Personal Details**:

|  |  |  |
| --- | --- | --- |
| Title: | Forenames: | Surname: |
| Address | Telephone numbers: Landline: Mobile: |
| Email address: | Date of birth (please only fill this in if you are under 18) | Have you a current driving licence? YES / NO\* |
| **Eligibility to volunteer in the UK**If you can legally work in the UK, you can usually volunteer. Some visas allow you to volunteer, and some do not, so if you have a visa you will need to check if it is valid. If you are an EU national, you can volunteer if you have settled or pre-settled status.Do you automatically have the right to work in the UK? If not, do you have a visa or settled/pre-settled status? (Please give details) |

***Please note we will only use your personal details to contact you regarding the volunteering process, this form will be kept for 6 months and if you do not continue it will be destroyed. Once you are registered as a volunteer you will be added on to our volunteer database and receive our email updates. We will keep your data as long as you are an active volunteer with us and for 2 years after finishing.***

***Volunteer updates will keep you informed of upcoming training, volunteer opportunities, social events and important information. You can unsubscribe to these updates at any time. Your details will also be shared with your volunteer supervisor on a need to know basis and so you can be contacted by Haven House staff members. Please tick here to show you have given your consent for this □***

**Which roles are you interested in?**

 *(Please refer to our volunteer roles on the website. This will give you more information about the roles, age restrictions and availability. If applying for retail let us know the shop location)*

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**When are you available to volunteer?**

(Please indicate as appropriate)

Weekly basis – Mon/Tues/Wed/Thurs/Fri/Sat/Sun

Hours available \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

During school holidays only □

During term time only □

Once or twice a month □

Once or twice a year □

Once as part of a group □

**Have you had bereavement in the family or death of a close friend within the past two years?**

YES/NO\*

If yes, give details.

**Experience and skills**

Please use this section to tell us about your employment and voluntary experience. You may also include education; qualifications, skills, training and languages (please feel free to continue on a separate page if needed).

**Why would you like to volunteer for Haven House?**

**References**

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| --- |
| Please provide details of two people who we can approach for a reference. The first should be your present manager (or last manager if you are not currently working or volunteering). If you have just left education, please provide the details of your course tutor. References from family members will not be accepted. If you provide details of a personal referee, it should be someone who has known you for at least two years. If you are having any difficulties with this let us know and we will review on a case by case basis.  |
| Name:Job Title:Company Name & Address:Email : Telephone Number (work):Telephone Number (other):Relationship to you: | Name:Job Title:Company Name & Address:Email : Telephone Number (work):Telephone Number (other):Relationship to you: |
| Please tick here to show that you have received permission from the referee’s for their details to be passed on to Haven House and to be contacted by us ***□*** |

**Parental Consent (this is required for volunteers under 18)**

I give consent for (print name) ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to volunteer at Haven House Children’s Hospice

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Volunteer \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The email address will be used to send you some contact information for Haven House

**Criminal Convictions**

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| --- |
| By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, the provisions of Section 4.2 of the Rehabilitation of Offenders Act do not apply to any employment which is concerned with the provisionOf health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. Your answer to the following question should include any ‘spent’ convictions.Have you ever been convicted of a criminal offence? YES / NO |

**Additional declaration required in accordance with The Care Standards Act 2000**

|  |
| --- |
| Please answer the following questions: |
| 1. Are you currently the subject of any police investigation and/or prosecution, in the UK or any other country?
 | YES / NO |
| 1. Have you ever been convicted of any criminal offence required by law to be disclosed, received a police caution in the UK, or a criminal conviction in any other country?
 | YES / NO |
| 1. Are you currently the subject of any investigation or proceedings by any body having regulatory functions in relation to health/social care professionals including such a regulatory body in another country?
 | YES / NO |
| 1. Have you ever been disqualified from the practice of a profession or required to practise it subject to specified limitations following a fitness to practice investigation by a regulatory body, in the UK or another country?
 | YES / NO |
| 1. Has any action ever been taken again you by a local authority, voluntary agency or Policy Authority relating to a child or children under the age of 18 years?
 | YES/NO |

**DECLARATION**

|  |
| --- |
| I confirm that the above information is complete and correct and that any untrue or misleading information will give the employer the right to reject my application and end my volunteering.I have not attempted to influence any employee of Haven House Children’s Hospice in connection with this application.I understand that deliberately providing false information, failing to disclose relevant information or attempting to influence the recruitment process unfairly may lead to my application being withdrawn and my volunteering ending.I note that the information provided on this application form may be held, further processed or verified in accordance with the Data Protection Act 1998 and EU General Data Protection Regulation (GDPR). The full privacy policy is available on our website [www.havenhouse.org.uk](http://www.havenhouse.org.uk) Signed: Dated: |

***Please return completed forms to: Volunteering team, Haven House Children’s Hospice, The White House, High Road, Woodford Green, Essex IG8 9LB or email volunteering@havenhouse.org.uk***