**Please return completed form to:**

Volunteer Services, St Mary’s Hospice, Ford Park Crescent, Ulverston, Cumbria, LA12 7JP
Telephone 01229 580305
Or email either: **volunteers@stmaryshospice.org.uk**Or youcan hand it directly to the Shop Manager or Café Manager

**PLEASE COMPLETE IN BLOCK CAPITALS**

**\*\*If you are from outside the UK you must make sure you have the right to volunteer under your visa or entry clearance conditions. You can check with** [**https://www.gov.uk/government/organisations/uk-visas-and-immigration**](https://www.gov.uk/government/organisations/uk-visas-and-immigration)

**Personal details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:** |  | **Address:** |  |
| **Forename:** |  |  |
| **Surname:** |  | **Postcode:** |  |

**Contact information**

|  |  |
| --- | --- |
|  | **Can we use this method to contact you?** |
| **YES** | **NO** |
| **Home:** |  |  |  |
| **Mobile:** |  |  |  |
| **Email is our preferred method of communication as it is speedy and cost effective** |
| **Email:** |  |  |  |

**Background information**

|  |
| --- |
| **What prompted you to apply to become a Volunteer at St Mary’s Hospice?** |
| Newspaper article |  | Friend or Relative |  | Recruitment/Presentation |  |
| Advert |  | Poster |  | Other – please specify |  |
| Facebook |  | Twitter |  |  |

**Volunteering Experience/skills**

|  |
| --- |
| We would like to know of any community activities or voluntary work you have done, e.g. cadets, youth groups, scouts, St Johns Ambulance, raising money:  |
| Please list any interests/hobbies/skills you have, e.g. sport, computers, fashion  |

**Volunteering opportunities (please tick your choice/s)**

|  |  |  |
| --- | --- | --- |
| Retail shops | Barrow |  |
|  | Dalton |  |
| Grange |  |
| Millom |  |
| Ulverston |  |
| Furniture Warehouse | Barrow |  |
| The Orangery Café  | Ulverston |  |

**Availability**

It is useful to know when you are able to volunteer – please tick

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **am** |  |  |  |  |  |  |  |
| **pm** |  |  |  |  |  |  |  |
| **Evening** |  |  |  |  |  |  |  |

**Health Declaration**

For Health and Safety reasons, it is important that we do not assign you the wrong task. A disability or health problem does not necessarily exclude you from volunteering for us but to enable us to assess you suitability for particular tasks we require information about your health.

|  |
| --- |
| Please describe any special needs, disability, allergies or other physical or mental health matters that may affect your ability to work as a volunteer that we should be aware of.  |

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Have you experienced the death of a close relative or friend in the last 12 months? |  |  |
| Was this someone who was a patient with St Mary’s Hospice? |  |  |
| Were you involved with supporting this person? |  |  |

**Criminal Convictions**

The nature of this type of voluntary work it is exempt from the Rehabilitation of Offenders Act 1975 (Exemption) Order 1975. This means that applicants are NOT entitled to withhold information of convictions, which for other purposes are spent. Previous convictions will not necessarily prevent you from becoming a volunteer.

|  |  |  |
| --- | --- | --- |
| Have you ever been convicted of a criminal offence? | **YES**  | **NO** |

This information will remain confidential and will be discussed at the interview stage.

**General Data Protection Regulation 2018**

The information you have provided is used to process your application to become a volunteer with St Mary’s Hospice only. The information is used by the Volunteer department and the area for which you volunteer, we do not share your information unless required to by law. Your personal information is stored securely electronically on our volunteer database or on paper records locked away.

Your data will be kept for 1 year after you stop volunteering.

If you do not progress with this application your data will be confidentially disposed of after 3 months.

**Declaration**

I declare the information given on this form is correct to the best of my knowledge. By signing this form I give my consent for personal information being recorded, used and stored solely by St Mary’s Hospice.

|  |  |
| --- | --- |
| **Signed:** |  |
| **Print Name:** |  |
| **Date:** |  |
| **As a parent or carer by signing this you are giving permission for us to contact the applicant using their contact preferences. If you wish us to make contact initially via yourselves please provide details.** |
| **Parent/Carer Signature:****(if applicant under 16 years old)** |  |
| **Print Name:** |  |
| **Contact details: email:** |  |
| **Phone numbers:** |  |

**References**

Please give the name and address of a person who can tell us about you, for example, someone who knows you well, a teacher, someone from your community (this must not be a family member).

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Postcode: |  |
| Telephone: |  |
| Email: |  |
| Relationship to you: |  |

**Ford Park Crescent Ulverston LA12 7JP**

**Telephone 01229 580305**

**volunteers@stmaryshospice.org.uk**

[**www.stmaryshospice.org.uk**](http://www.stmaryshospice.org.uk/)

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