**Please return completed form to:**

Volunteer Services, St Mary’s Hospice, Ford Park Crescent, Ulverston, Cumbria, LA12 7JP   
Telephone 01229 580305

or email: [**volunteers@stmaryshospice.org.uk**](mailto:volunteers@stmaryshospice.org.uk)

**PLEASE COMPLETE IN BLOCK CAPTITALS**

**\*\*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/ Skills/Experience

|  |
| --- |
| Please tell us about any voluntary work you have done: |
| Please list any skills, interests/hobbies or work experience you have: |

## Volunteering Opportunities (please tick your choice/s)

More details can be found on our website www.stmaryshospice.org.uk

|  |  |  |  |
| --- | --- | --- | --- |
| Patient Facing | | Non Patient Facing | |
| Living Well programmes & activities |  | Gardening |  |
| Living Well Complementary Therapies |  | Reception – Barrow & Ulverston |  |
| Day Hospice |  | Retail Shops & Furniture Warehouse |  |
| Living Well home visitors |  | Retail Driver |  |
| Patient transport drivers |  | Maintenance – vehicle/buildings |  |
| In Patient Unit – serving meals/befriending |  | Fundraising & Events |  |
| In Patient Unit reception & administration |  | The Orangery Cafe |  |
| Family & Bereavement Support |  | Administration |  |
|  |  | On line retail |  |

## Availability

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **am** |  |  |  |  |  |  |  |
| **pm** |  |  |  |  |  |  |  |
| **Evening** |  |  |  |  |  |  |  |
| Those wishing to volunteer more flexibly i.e. not commit to a regular time e.g. Fundraising Events, bank café, bank reception | | | | | | |  |
| **Please indicate any times you are not available** (e.g. school holidays) | | | | | | | |

## 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? |  |  |

## Driving (please tick)

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Do you hold a full UK driving licence? |  |  |
| Do you have your own transport? |  |  |

## Criminal Convictions & Disclosure and Barring

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.

Volunteers undertaking roles which may involve contact with vulnerable people will be required to have a DBS (police) check carried out.

## 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 and a DBS to be completed if required.

|  |  |
| --- | --- |
| **Signed:** |  |
| **Print Name:** |  |
| **Date:** |  |
| **Parent/Carer Signature:**  **(if applicant under 16 years old)** |  |
| **Print Name:** |  |

## References

Please give the names and addresses CLEARLY of two people who can tell us about you. For example, someone who knows you well, someone you have worked with, a teacher, someone from your community (this must not be a family member).

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

|  |  |
| --- | --- |
| 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**

St Mary’s Hospice Ltd registered in England & Wales No. 2016831. Charity No. 517738.