

We have many different volunteering opportunities, for a list of the current roles available, please visit our [website](#) or call the volunteer team on 01934 423975

I am interested in the following volunteer role (please include shop location if applicable)			
<b>Your Details:</b>			
Title		Surname	
Forename/s			Date of Birth (for insurance purpose only)
Address			
			Postcode
Telephone number		Mobile number	
<b>Emergency Contact:</b>			
Name		Relationship	
Contact numbers			
<b>Referees:</b>			
Please give the details of two people (not required for retail roles) who we may contact for a reference. Referees should have known you for over two years, be able to vouch for your suitability to volunteer, be over 18 years of age, and should not be related to you or live in the same household. Your signature will be taken as agreement for us to contact the following so please inform them that you have given us their details and that we will be in touch.			
	<b>First Referee</b>	<b>Second Referee</b>	
Name			
How do you know this person?			
Phone Number			
Email Address			
Address			
<b>More About You:</b>			
How did you hear about volunteering for Weston Hospicecare? <input type="checkbox"/> Word of Mouth/Recommendation <input type="checkbox"/> In the shop/shop poster <input type="checkbox"/> Event, talk or presentation about the hospice <input type="checkbox"/> Hospice Website <input type="checkbox"/> Social Media/Newspaper Article <input type="checkbox"/> Job/Volunteer Centre <input type="checkbox"/> School/College/University <input type="checkbox"/> Other, please tell us how:		Why did you choose to volunteer for Weston Hospicecare? <input type="checkbox"/> Work Experience/Build CV <input type="checkbox"/> Meet New People/Socialise <input type="checkbox"/> Connection to Cause <input type="checkbox"/> Spare Time <input type="checkbox"/> Duke of Edinburgh <input type="checkbox"/> Gain Confidence <input type="checkbox"/> To do something worthwhile <input type="checkbox"/> To stay active <input type="checkbox"/> Other, please tell us why:	

What experience or skills can you bring to support your volunteering role?				
Have you had a bereavement in the last year of someone who you had close emotional ties with?				
We recommend at least a year gap between a close bereavement and starting to volunteer in a role within the main hospice site, Jackson-Barstow House, Uphill. We will contact you to discuss on receipt of your application.				
<b>Health/Disability</b>				
For health and safety reasons, it is important that we only consider you for positions that you are safely able to carry out. Are you aware of any medical condition which may impact on your ability to carry out the role you are applying for?			*Yes	No
If *YES, are there any reasonable adjustments that would need to be made to support you carrying out your duties to ensure your safety and that of others whilst volunteering?				
<b>Right to Work (To be completed by Non UK Citizens only)</b>				
If you are in the UK on a visa, does this visa give you the right to work in the UK? This may not preclude you from volunteering but we need to be aware of your resident status. We may be in touch to discuss your resident status.				
Yes		No		Please state the category of visa you hold
<b>For Parents/Guardians of volunteers under 18 only (please tick and sign to confirm your consent).</b>				
<input type="checkbox"/>	I give permission for my child/ward to volunteer with Weston Hospicecare and for the hospice to hold their details on file.			
<input type="checkbox"/>	I understand that Weston Hospicecare will ask my child/ward to agree to all relevant policies and procedures and to sign forms during training appropriate to their role.			
<input type="checkbox"/>	I confirm to the best of my knowledge that my child/ward does not suffer from any medical condition other than those listed above.			
<input type="checkbox"/>	I understand that it is my responsibility as parent/guardian to inform Weston Hospicecare of any changes in my child/ward's health and general well-being.			
Signed		Print name		
Date		Relationship to prospective volunteer		

## Criminal Record Statement

If you are offered a role as a volunteer for Weston Hospicecare, you will be required to complete a criminal record declaration appropriate to the role. We recognise the contribution that former ex-offenders can make as employees and volunteers and welcome applications from them. A person's criminal record, in itself, will not debar that person from being appointed to a role. Suitable applicants will not be refused roles because of offences which are not relevant to, and do not place them at, or make them a risk in, the role for which they are applying. All cases will be examined on an individual basis.

Further guidance on disclosing a criminal record can be obtained from NACRO and DBS websites: <https://www.nacro.org.uk/resettlement-advice-service/>  
<https://www.gov.uk/government/publications/dbs-filtering-guidance>

## Keeping in touch

Communications from the Weston Hospicecare volunteer team are sent in relation to aspects of your volunteering such as, invitations to volunteer events, volunteer newsletter (Hospice Hotpress) and any training requirements. To keep costs to a minimum, we would like to contact you via email. If you are happy for us to email you, please tick YES below and provide your email address:

Yes	<input type="checkbox"/>	My email address is:			
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Would you be happy for us to email you regarding helping at the various Weston Hospicecare fundraising events?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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We take your privacy seriously and will never sell or swap your details with third parties. You can withdraw your consent to be contacted at any time by contacting the volunteer team on: Email: [volunteer@westonhospicecare.org.uk](mailto:volunteer@westonhospicecare.org.uk) Phone: 01934 423975

For a full copy of our Privacy Notice, please visit our website: <http://westonhospicecare.org.uk/> or call us on 01934 423975.

## Declaration

- I understand and agree that data contained in this application form will be used for volunteer recruitment purposes and will be stored on a computer database. I also agree to Weston Hospicecare holding this form in paper format in a secure area. Personal identifiable data will be held securely and only be accessed by authorised personnel within Weston Hospicecare.
- I confirm that I have no self-interest(s)\* that could conflict me from becoming a volunteer and I have no self-gain from volunteering for Weston Hospicecare. (\* this can refer to being an auctioneer, actively buying and selling things online and elsewhere, an antique dealer or any other personal or social gain - this list is not exhaustive)
- I understand there is no intention to create a legal relationship. I am acting as a volunteer and I expressly confirm I am not an employee.
- I will not undertake any physical tasks unless I am confident, capable and have received appropriate training.
- I confirm that the information I have given is true, correct and complete and that any false statements or omissions may result in my services being terminated. I will update Weston Hospicecare if there are any changes to the details supplied.

Signed		Print Name	
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Date	
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## Returning Your Application

Please post to:

Volunteer Team, Weston Hospicecare, Jackson-Barstow House, 28 Thornbury Road, Uphill, Weston-super-Mare, BS23 4YQ.

Email: [volunteer@westonhospicecare.org.uk](mailto:volunteer@westonhospicecare.org.uk) Phone: 01934 423975

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**Equal Opportunities Monitoring Form**

You do not have to complete this part of the form but if you would like to do so, the information would be very helpful to us. The information will only be used to provide us with statistics to show us where we need to target our volunteer recruitment and will help us to make sure that Weston Hospicecare welcomes volunteers from all areas of society.

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**Age Category**                      14-24 ☐    25-29 ☐    30-34 ☐    35-39 ☐    40-44 ☐    45-49 ☐  
50-54 ☐    55-59 ☐    60-64 ☐    65+ ☐    Prefer not to say ☐

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**Gender**                      Male ☐    Female ☐    Transgender ☐    Prefer not to say ☐

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**Marital Status**                      Married/Civil Partnership ☐    Co-Habiting ☐    Single ☐  
Prefer not to say ☐    Other ☐

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**Ethnicity**

This category is about your ethnic origin, which could but does not necessarily include nationality, place of birth or citizenship. Please tick the appropriate box or specify another if you wish.

**White**                      English ☐    Welsh ☐    Scottish ☐    Northern Irish ☐    Irish ☐  
Gypsy/Traveller ☐    Prefer not to say ☐  
Other White background ☐

**Asian/Asian British**    Indian ☐    Pakistani ☐    Bangladeshi ☐    Chinese ☐  
Prefer not to say ☐    Other Asian background ☐

**Black/ Black British**    African ☐    Caribbean ☐    Prefer not to say ☐  
Other Black/African/Caribbean background ☐

**Multiple Ethnicity**    White & Black Caribbean ☐    White & Black African ☐  
White and Asian ☐    Prefer not to say ☐  
Other mixed ethnicity ☐

Other ethnic group ☐

**Sexual Orientation**    Heterosexual/straight ☐    Gay woman/lesbian ☐    Gay man ☐

                    Bisexual ☐    Prefer not to say ☐    Other ☐

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**Religion or belief**    Buddhist ☐    Christian ☐    Hindu ☐    Jewish ☐    Muslim ☐    Sikh ☐

                    No Religion ☐    Prefer not to say ☐    Other ☐

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**National identity**    British ☐    Prefer not to say ☐    Other ☐

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### Disability

The Equality Act 2010 defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, more than 12 months.

Do you consider yourself to have a disability under the Equality Act 2010?

Yes ☐                      No ☐                      Unsure ☐                      Prefer not to say ☐

If **yes**, please describe the nature of it either by selecting one or more of the categories below, or describing in your own words:

- ☐    Physical impairment or condition that affects your mobility (e.g. by requiring you to use a wheelchair, or affecting bodily movement)
- ☐    Sensory impairment (e.g. blindness/serious visual impairment, or deafness/ serious hearing impairment)
- ☐    Mental health condition, such as depression or schizophrenia
- ☐    Learning disability or cognitive impairment such as dyslexia or autism
- ☐    Long standing illness/ health condition (e.g. cancer, HIV, diabetes, heart disease, epilepsy etc.)
- ☐    Other (please describe in your own words)