

CONFIDENTIAL

Administration Department
 The Butterfly Hospice
 Rowan Way
 Boston



Lincolnshire PE21 9DH

VOLUNTEER APPLICATION FORM

Mr / Mrs / Miss / Ms / Other	Forename(s)	Surname																																													
Address																																															

_____ Post Code _____																																															
Email Address:																																															
Daytime Tel: No:		Evening Tel: No:																																													
Do you have any requirements in respect of health or disability of which we need to be aware of, in order to support you during your period of volunteering with us?																																															
Have you any previous or present connection with the Butterfly Hospice?		Nationality (for monitoring purposes only)																																													
Reason for offering help		Where did you hear about the need for volunteers?																																													
Please state your relevant qualifications / skills																																															
In which area of voluntary work are you interested? (subject to availability or current vacancies)		Availability – please indicate when you may be regularly available(subject to availability)																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Shops</td><td>Catering</td></tr> <tr><td>Education</td><td>Caretaking</td></tr> <tr><td>Fundraising</td><td>Collecting</td></tr> <tr><td>Driving</td><td>Gardening</td></tr> <tr><td>Reception</td><td>Administration</td></tr> <tr><td>Warehouse</td><td>Hospitality</td></tr> <tr><td>Comp Therapy</td><td>Domestic</td></tr> <tr><td>Lottery Promotions</td><td> </td></tr> </table>		Shops	Catering	Education	Caretaking	Fundraising	Collecting	Driving	Gardening	Reception	Administration	Warehouse	Hospitality	Comp Therapy	Domestic	Lottery Promotions		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Monday</td><td>AM</td><td>PM</td><td>Evening</td></tr> <tr><td>Tuesday</td><td>AM</td><td>PM</td><td>Evening</td></tr> <tr><td>Wednesday</td><td>AM</td><td>PM</td><td>Evening</td></tr> <tr><td>Thursday</td><td>AM</td><td>PM</td><td>Evening</td></tr> <tr><td>Friday</td><td>AM</td><td>PM</td><td>Evening</td></tr> <tr><td>Saturday</td><td>AM</td><td>PM</td><td>Evening</td></tr> <tr><td>Sunday</td><td>AM</td><td>PM</td><td>Evening</td></tr> </table>		Monday	AM	PM	Evening	Tuesday	AM	PM	Evening	Wednesday	AM	PM	Evening	Thursday	AM	PM	Evening	Friday	AM	PM	Evening	Saturday	AM	PM	Evening	Sunday	AM	PM	Evening
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Please provide the names and addresses of two people who have consented to provide a reference on your behalf. If you have been employed during the past ten years, one should be your current employer, if now unemployed your most recent past employer.

On receipt of a clear employer's reference, a commencement date will be decided, but this will be a conditional placement for a period of 1 month while the second reference is received.

PLEASE NOTE: REFEREES SHOULD NOT BE FAMILY MEMBERS

1. Name _____ Address _____ _____ Post Code _____ Tel: No: _____ Email: _____ Capacity in which the above is known to you	1. Name _____ Address _____ _____ Post Code _____ Tel: No: _____ Email: _____ Capacity in which the above is known to you
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A criminal record will not necessarily be a bar to obtaining voluntary employment.

DO YOU HAVE ANY UNSPENT CRIMINAL CONVICTIONS **YES / NO**

If YES, please give details below

All volunteers who are to be involved with Children or Vulnerable Adults, will need to complete a Criminal Records Bureau Disclosure Application Form prior to commencement.

DECLARATION (Please read this carefully before signing this application)

I confirm that the above information is complete and correct and that any untrue or misleading information will give the Hospice the right to reject my application or to withdraw any voluntary post offered.

I also understand that anything I hear or learn, concerning individual patients or my work in the course of my duty as a Volunteer, must be treated in the strictest confidence.

Signed Date

Completed application forms need to be returned to:

Volunteer Coordinator
Butterfly Hospice
Rowan Way
Boston
Lincolnshire
PE21 9DH

EQUAL OPPORTUNITIES – Monitoring Form

Charity No: 1113697

Company No: 05325476

Your local hospice for local people

BH 005 Issue 2 November 2016

It is the policy of the Butterfly Hospice to ensure that no member of staff, potential staff, volunteer or service user is treated less favourably as a result of their age, gender, responsibility for dependants, religion, race or ethnic origins, sexual preferences, disability or medical status.

In order to assist the Butterfly Hospice in monitoring the effectiveness of the Equal Opportunities Policy, you are asked to complete this sheet and return it with your Application Form. On receipt, it will be kept entirely confidential and will not be referred to during the short listing process.

Role applied for: _____

Full name (in capitals) _____

Previous Names _____

Please indicate by ticking boxes or entering information as appropriate

GENDER	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>

DATE OF BIRTH

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MARITAL STATUS

Single	Married	Divorced	Widowed	Separated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ETHNIC ORIGIN

White	Black African	Black Caribbean	Black Other	Indian
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	Bangladeshi	Chinese	Any other ethnic group	Not known
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Nationality

National Insurance No:

DISABILITY

Do you have any impairment that had an adverse effect on normal day to day activities which directly affect one or more of the following?

Mobility	<input type="checkbox"/>	Manual dexterity	<input type="checkbox"/>
Physical co-ordination	<input type="checkbox"/>	Ability to lift, carry or otherwise move everyday objects	<input type="checkbox"/>
Speech, hearing or eyesight	<input type="checkbox"/>	Memory or ability to concentrate, learn or understand	<input type="checkbox"/>
Perception of the risk of physical danger	<input type="checkbox"/>		

Please describe any adjustments you may require

- a. to the recruitment process to assist in your application:
- b. to the role itself which will enable you to carry it out:

CRIMINAL RECORDS DECLARATION

Charity No: 1113697

Company No: 05325476

Your local hospice for local people

REHABILITATION OF OFFENDERS

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders At (Exemption) Order 1975 as amended. Therefore, you are required to disclose all information given about convictions which, for other purposes, are Spent under the provisions of the Act. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order applies.

All applicants who are offered voluntary employment involved with Children and Vulnerable Adults, will be subject to a criminal record check from the Criminal Records Bureau before the appointment is confirmed. This will include details of cautions, reprimands or final warnings, as well as convictions.

Do you have any criminal convictions, cautions or bind-overs? YES / NO
(If YES, please provide details on a separate piece of paper)

I have read the above statement and understand it.

Signed _____ (Applicant)

Date _____

DECLARATION

I declare that:

1. I have not been convicted or cautioned for a criminal offence in another country.
2. I am not currently the subject of any police investigation and/or prosecution in the UK or any other country.
3. I am not currently the subject of any investigation or proceedings by any body having regulatory functions in relation to health/social care professionals, including such regulatory body in another country.
4. I have never been disqualified from the practice of a profession or required to practice it subject to specific limitations following a fitness to practice investigation by a regulatory body in the UK or another country.

Please note: If you are unable to confirm all points above, please clearly cross out the statement(s) that does/do not apply and we will contact you to discuss further.

Signature _____ Date _____

I confirm that the information contained in this form is correct and that all relevant details have been given, and I understand that, if offered, the appointment will be subject to the information contained herein.

I understand that any false statement may disqualify me from employment or render me liable to instant dismissal.

I agree that the information provided in this application form may be processed by The Butterfly Hospice in relation to my application for this role to assist in the decision making process. I further expressly agree that, should it be necessary to validate any of the information provided herein, the Butterfly Hospice may release this information for verification purposes. If successful in my application it is agreed that any information provided will be retained by the Butterfly Hospice in a secure confidential file and the contents only used for necessary business purposes subject to my express consent for disclosure where necessary.

Signature _____ Date _____