

Volunteer Application Form

Please complete in **BLOCK** capitals

VOLUNTEER POSITION APPLIED FOR:	
Mr/Mrs/Miss/Ms	
Forename:	Surname:
Address:	
Postcode	
Tel:	Mob:
Email:	
Next of Kin:	Contact Tel:

Any relevant qualifications:
Any relevant work experience/interests:
Reason for applying:

AVAILABILITY								
<i>Please specify the day/s you are able to volunteer</i>								
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
AM								
PM								
Are you flexible?								
If you cannot commit to working a specific day or time can you volunteer flexibly on an adhoc basis							Yes	No

Friends of Pendleside		
Friends of Pendleside are a team of volunteers who help out at various events during the year bag packing, collections, cheque presentations, marshalling etc. Would you be interested in becoming a Friend of Pendleside volunteer?	Yes	No

If you are applying for a driving role:	Yes	No
• Do you hold a clean driving license?		
• Do you have full comprehensive insurance?		
• Do you have a car, which you are happy to use?		

Please provide the details of two persons we can contact to obtain a reference for you. Neither should be a relative:

1) Name:	2) Name
Address:	Address:
Tel:	Tel:
Email:	Email:
Relationship:	Relationship:

Please note these references will only be taken up in the event of a volunteering position being offered.

Privacy notice:

The information we collect will be used for the administration of this application. To see other ways in which we may use your data and how we store it, please see our Privacy Notice at www.pendleside.org.uk. You have the right to withdraw, correct, erase, restrict our use of and access to the information we store about you. Please email info@pendleside.org.uk for any such requests.

Photography/Film Consent

I consent to Pendleside Hospice using film or photography featuring my image both internally or externally. This applies to all print and digital media formats

Yes/No

Signature:

Disclosure and barring requirements:

Because of the nature of the Hospice's work, we are required to comply with the requirements of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Protection of Freedoms Act 2012. This places an obligation on us to obtain disclosure information from the Disclosure and Barring Service (DBS) for certain volunteer positions. If your application is affected by this, we will discuss it with you at the appropriate time. Further information may be found at www.gov.uk/dbs

I declare that the information contained in this application form is true and complete to the best of my knowledge, and I understand that any false information may result in me being asked to cease volunteering with the Hospice.

Signed:

Date:

Print Name:

PLEASE RETURN THE COMPLETED APPLICATION FORM TO THE HOSPICE'S VOLUNTEER COORDINATOR OR HAND IN TO THE SHOP COORDINATOR: -

Address: Pendleside Hospice, Colne Road, Reedley, Burnley, Lancashire, BB10 2LW or

Email address: lisa.clarke@pendleside.org.uk

For further information please ring 01282 440159

THANK YOU FOR YOUR APPLICATION TO VOLUNTEER FOR PENDLESIDE HOSPICE.