

VOLUNTEER APPLICATION FORM



Please complete and return to:
Voluntary Services Department, Phyllis Tuckwell Hospice Care,
Waverley Lane, Farnham GU9 8BL
Tel: 01252 729400 (switchboard)
e-mail: voluntary.services@pth.org.uk

For information on how to complete this Application Form, see attached Guidance Notes, page 4

PERSONAL DETAILS		
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Rev <input type="checkbox"/>	First name: Known as:	Surname:
Home address:	Home tel no:	
	Mobile tel no:	
	E-mail address:	
Postcode:	Date of birth:	
Car Make:	Model:	Reg No:
2 nd Car Make:	Model:	Reg No:
EMERGENCY CONTACT Name:		
Mobile tel no:	Home tel no:	

RIGHT TO VOLUNTEER		
Under the Immigration (Restrictions on Employment) Order 2004 , you will be required to provide proof of your identity and evidence of your right to reside and volunteer in the United Kingdom. (see Guidance Notes, page 4)		
Are you legally eligible for employment in the United Kingdom? Yes / No	If you are an EC National do you need to register on the Worker Registration Scheme? Yes / No	Do you require a work permit to volunteer in the United Kingdom? Yes / No

VOLUNTEERS AGED UNDER 18	
Permission from and details of parent/guardian are required for applicants aged under 18	
Name and address of parent/guardian:	Daytime tel no:
	Evening tel no:
Postcode:	Mobile tel no:
Relationship:	E-mail address:
Declaration: I have been given information about the volunteer tasks my child/ward will be undertaking and give permission for him/her to volunteer at the Phyllis Tuckwell Hospice Care. I also understand that my details will be retained as the next-of-kin for my child/ward whilst he/she is volunteering for Phyllis Tuckwell.	
Parent/guardian signature:	Date:

QUALIFICATIONS, SKILLS, AND INTERESTS

SUPPORTING INFORMATION, INCLUDING REASON(S) FOR WANTING TO VOLUNTEER

Use this space to provide any information which may help to place you most successfully as a volunteer. Please also include:

- reason(s) for wanting to volunteer
- whether you have previously worked for or been a volunteer at this or another Hospice
- any reasonable adjustments we might be able to make to assist you in your role

VOLUNTEER ROLE SOUGHT (For range of potential roles, see Guidance Notes, page 4)

In Farnham Hospice

Beacon Centre- Guildford

Shops or other

If you would like to volunteer to assist in one of our retail shops, you can either:

- take this completed application form directly into your preferred shop for an informal discussion with the Manager, or
- send the completed application form to the address at the top of page 1 above

VOLUNTEER'S AVAILABILITY (stating a preference is not binding)

Please tick the day(s) and time(s) when you would be available (H = hospice only)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun (H)
am							
pm							
eve (H)							

REFERENCES

Please give the names and addresses of two references, how they are known to you, and who have known you for at least 2 years. These references **MUST NOT** be relatives.

Name:

Address:

Postcode:

Tel no:

E-mail:

How known, for how long, and in what capacity:

Name:

Address:

Postcode:

Tel no:

E-mail:

How known, for how long, and in what capacity:

MOBILE PHONE DISCLAIMER

I **AGREE** to refrain from using a hand-held mobile telephone or any other hand-held device while driving on PTHC business.

Signature:

Date:

Signature of parent/guardian (if volunteer under 18):

Date:

DISCLOSURE AND BARRING SERVICE (DBS) & REHABILITATION OF OFFENDERS ACT 1974

Due to the nature of the work in the Phyllis Tuckwell Hospice Care, and dependent upon the volunteer role, you may be required to undertake a **standard** or **enhanced DBS** check

Rehabilitation of Offenders Act 1974: Having a criminal record will not necessarily bar you from volunteering with us, depending on the circumstances and an individual discussion with you. We therefore ask you to declare below any previous convictions (spent or unspent). Any information will be completely confidential.

Declaration: Do you have any previous convictions? YES NO

If YES please give details:

CONFIDENTIALITY AGREEMENT

Whilst undertaking volunteering for Phyllis Tuckwell Hospice Care, I understand that I may receive confidential information and I **AGREE** that all details and information seen and discussed will remain completely confidential and that I will not:

- communicate, disclose or make available any part of any confidential information to any third party;
- directly or indirectly use, or permit others to use, confidential information other than for the purpose to which it directly relates;
- make any announcement or disclosure in connection with any confidential information
- remove any documentation, records or any other material of a confidential nature from the premises of the Phyllis Tuckwell Hospice Care without express authorisation
- reproduce or store any confidential information in an externally accessible computer or electronic information retrieval system without authority from the Board of Trustees

The validity, enforceability, construction and interpretation of this Agreement will be governed by English Law.

Signature: _____

Date: _____

Signature of parent/guardian (if volunteer under 18): _____

Date: _____

PHOTOGRAPH/FILM CONSENT

I **ALSO CONSENT** to photographs, sound recordings and film of me being used to promote Phyllis Tuckwell Hospice Care. I understand that they may be used in a variety of promotional material, such as: printed publications, presentations, in the media or on the Phyllis Tuckwell website. **I understand that these may be used for up to five years from the date on this form.**

Signature: _____

Date: _____

Signature of parent/guardian (if volunteer under 18): _____

Date: _____

DECLARATION

Our Privacy Policy - protecting your personal data

Phyllis Tuckwell handles and retains all personal data in accordance with its Privacy Policy. The terms of this Policy are set out in full on our website, or alternatively a copy may be requested from any member of staff.

Phyllis Tuckwell will not sell or exchange your data with any third parties for marketing purposes.

Keeping in touch - please tick your preferences below

In order for you to undertake your duties as a volunteer it will be necessary for PTHC to contact you. We will do this via either phone, email or occasionally by post.

I am happy to receive information necessary to my volunteering role by:

Post: Yes No

Email: Yes No

Phone: Yes No

***If you select No, we will be unable to send you shift rotas, training details or other information relevant to your role.**

I am happy to receive the Volunteer Newsletter by:

Email: Yes No You may also unsubscribe at the point of delivery.

I am happy to receive information about your events and other fundraising activities by:

Post: Yes No

Email: Yes No

Phone: Yes No

You can change your preference at any time by contacting 01252 729400 or emailing voluntary.services@pth.org.uk

Signature: _____

Date: _____

RIGHT TO VOLUNTEER GUIDANCE NOTES

- Under the **Immigration (Restrictions on Employment) Order 2004**, you will be required to provide proof of your identity and evidence of your right to reside and volunteer in the United Kingdom.

On your first day of volunteering you must provide the Hospice with an original of at least one of the following documents:

- Your UK passport indicating that you are a citizen of the UK and Colonies with the right to reside in the UK or;
- Your EEA passport (European Economic Area) or Swiss Passport, or national identity card which provides you with right of entry to or residence in the UK and confirms that you are a national of a state party to the EEA Agreement (or Switzerland) or;
- A UK residence permit issued that has been issued to you as a national of a state party to the EEA Agreement or;
- A passport containing a certificate of entitlement issued by the UK Government certifying that you have the right of abode in the UK or;
- A passport or other travel document that has been:
 - Issued by the Home Office and endorsed to show that you have the right of residence in the UK as the family member of a named national of a state party to the EEA Agreement or;
 - Endorsed to show that you are exempt from immigration control and have indefinite leave to enter and remain in the UK or;
 - Endorsed to show that you have the right to enter the UK and permission to take the employment in question provided that it does not require issue of a work permit.
- A registration card that indicates that you are entitled to take employment in the UK.

If you are **unable** to provide any one of the above documents you must provide either:

- An official document issued by a UK Government Agency bearing a national insurance number and a:
 - UK birth certificate that specifies the names of your parents or;
 - A birth certificate issued in the Channel Islands, the Isle of Man or Ireland or;
 - A document from the Home Office indicating your right to enter, remain and entitled to take up employment in the UK. **or**
- A valid work permit and a:
 - Passport or;
 - Another document from the Home Office which in either case must confirm that you have permission to enter or remain in the UK and take the work permit employment in question.

GUIDANCE NOTES

- Please answer questions (using BLOCK CAPITALS) as fully as you can. Delete answers (Yes/No) where applicable. If an answer is not applicable, write N/A.
- You may be required to provide evidence of qualifications if you are offered a volunteering role.
- References will be sought. Please note that no reference will be sort without your consent
- Information provided by you will be treated in strict confidence.

POTENTIAL FIRST (AND SECOND) VOLUNTEER ROLE(S)

If you are seeking a second role, please tick the box, and mark 'Second' against this role

<p>Administration</p> <input type="checkbox"/> CNS Team <input type="checkbox"/> Education <input type="checkbox"/> Finance <input type="checkbox"/> HR / Vol Services <input type="checkbox"/> Medical Secretaries <input type="checkbox"/> Therapists <input type="checkbox"/> Remembrance <input type="checkbox"/> Retail <input type="checkbox"/> Transport <input type="checkbox"/> Ambassador <input type="checkbox"/> Art therapy Assistant <input type="checkbox"/> Beacon Centre <input type="checkbox"/> Administration <input type="checkbox"/> Driver <input type="checkbox"/> Hospitality <input type="checkbox"/> Reception <input type="checkbox"/> Wellbeing workshops <input type="checkbox"/> Coffee Shop <input type="checkbox"/> Complementary therapist <input type="checkbox"/> Hairdresser/ Beauty Therapist <input type="checkbox"/> Soothing Hands <input type="checkbox"/> Therapist <input type="checkbox"/> Day Hospice <input type="checkbox"/> Day Hospice <input type="checkbox"/> Hospice Biographer <input type="checkbox"/> Open House <input type="checkbox"/> Pianist <input type="checkbox"/> Doctor <input type="checkbox"/> Flowers <input type="checkbox"/> Fundraising <input type="checkbox"/> Admin <input type="checkbox"/> Coins/ Stamps	<p>Fundraising (contd)</p> <input type="checkbox"/> Community Stall Holder <input type="checkbox"/> Events <input type="checkbox"/> Tin Collectors <input type="checkbox"/> Gardener <input type="checkbox"/> Beacon Centre <input type="checkbox"/> Waverley Lane <input type="checkbox"/> Marketing/PR <input type="checkbox"/> Nurse <input type="checkbox"/> Patient and Family Support Team (PAFST) <input type="checkbox"/> Admin volunteer <input type="checkbox"/> Bereavement support <input type="checkbox"/> Chaplain <input type="checkbox"/> Counsellor <input type="checkbox"/> Hospice Home Support <input type="checkbox"/> Little Rays <input type="checkbox"/> Storm <input type="checkbox"/> Supervisor <input type="checkbox"/> PAT dog <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Group <input type="checkbox"/> Porter <input type="checkbox"/> Reception (Farnham) <input type="checkbox"/> Sewing Shops <input type="checkbox"/> Aldershot <input type="checkbox"/> Ash <input type="checkbox"/> Beacon Hill <input type="checkbox"/> Camberley <input type="checkbox"/> College Town <input type="checkbox"/> Cranleigh <input type="checkbox"/> Donation Centre	<p>Shops (contd.)</p> <input type="checkbox"/> Farnborough <input type="checkbox"/> Farncombe <input type="checkbox"/> Farnham Downing <input type="checkbox"/> Farnham showroom <input type="checkbox"/> Fleet <input type="checkbox"/> Frimley <input type="checkbox"/> Godalming <input type="checkbox"/> Grayshott <input type="checkbox"/> Guildford 1 (Phoenix Ct) <input type="checkbox"/> Guildford 2 (Quarry St) <input type="checkbox"/> Guildford 3 (Woodbridge) <input type="checkbox"/> Guildford High Street <input type="checkbox"/> Haslemere <input type="checkbox"/> Suppers Support Groups <input type="checkbox"/> Camberley <input type="checkbox"/> Crondall <input type="checkbox"/> Farnham <input type="checkbox"/> Fleet <input type="checkbox"/> Frensham / Dockenfield <input type="checkbox"/> Guildford <input type="checkbox"/> Heatherside Friends <input type="checkbox"/> Teas <input type="checkbox"/> Transport <input type="checkbox"/> Driver <input type="checkbox"/> Escort <input type="checkbox"/> Van maintenance <input type="checkbox"/> Trustee <input type="checkbox"/> Van driver <input type="checkbox"/> Ward Clerk
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