

Santa Fun Run 2018 Volunteer Application Form



Thank you for your interest in volunteering for Princess Alice Hospice.

PLEASE COMPLETE IN TYPE OR BLOCK CAPITALS IN BLACK INK ONLY

Title:		Surname:	
First name:		Known as:	
Date of Birth:		Contact details: Please provide at least one telephone number and an email address.	
Address:		Telephone	
		Mobile	
		Email	
Postcode:			

When might you be available to volunteer and how often?	Availability:		How often:	
	Weekdays	<input type="checkbox"/>	Regular	<input type="checkbox"/>
	Evenings	<input type="checkbox"/>	One off	<input type="checkbox"/>
	Weekends	<input type="checkbox"/>	Ad hoc	<input type="checkbox"/>
			Specific programme eg Duke of Edinburgh	<input type="checkbox"/>

Why are you interested in volunteering?			
I want to help others	<input type="checkbox"/>	I have personal experience of bereavement	<input type="checkbox"/>
I have spare time and I want to use it productively	<input type="checkbox"/>	I have personal experience of being supported by Princess Alice Hospice	<input type="checkbox"/>
I am interested in voluntary work	<input type="checkbox"/>	I have particular skills I can bring to the Hospice	<input type="checkbox"/>
I am interested in a career in retail / healthcare, and would like to volunteer in order to gain experience	<input type="checkbox"/>	Any other reasons (Please specify below)	<input type="checkbox"/>

Volunteering opportunities

We have many different volunteering opportunities within the Hospice and in the local community. Here are some examples of the roles that might be available, although this is not an exhaustive list. Please tick all areas that interest you.

Supporting patients at the Hospice	<input type="checkbox"/>	Gardening and flowers	<input type="checkbox"/>
Visiting patients at home (Hospice Neighbour)	<input type="checkbox"/>	Volunteering in one of our shops	<input type="checkbox"/>

Front of house (reception, welcome, coffee shop)	<input type="checkbox"/>	Fundraising and events	<input type="checkbox"/>
Driving	<input type="checkbox"/>	Short-term projects	<input type="checkbox"/>
Administration	<input type="checkbox"/>	Bereavement support	<input type="checkbox"/>
Therapies	<input type="checkbox"/>	Education Centre and Library	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>		

Our values at Princess Alice Hospice are integrity, compassion, accountability, respect and excellence.

Thinking about our values, what skills, qualities and experience could you bring to Princess Alice Hospice?

Do you have any professional experience or particular skills that you could use as a volunteer to benefit the Hospice. If yes please provide details below:

Criminal Convictions

Rehabilitation of Offenders Act 1974

All potential volunteers within the Hospice will be required to have a Disclosure and Barring Service (formerly CRB) check, which the Hospice will undertake on your behalf. Previous criminal convictions will not necessarily prevent full consideration of your application.

Do you have any unspent criminal convictions?	Yes (Please specify below)	<input type="checkbox"/>	No	<input type="checkbox"/>
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Do you have any health conditions that may affect your role as a volunteer that we should be aware of?	Yes (Please specify below)	<input type="checkbox"/>	No	<input type="checkbox"/>

References

Please provide details of two referees who are not related to you and who you have known for at least 2 years. Please note we may only contact one of your referees.

Name:		Name:	
Occupation:		Occupation:	
Address:		Address:	
Contact number:		Contact number:	
Email:		Email:	
Relationship to you:		Relationship to you:	

Emergency contact details

Name:	
Contact number:	
Relationship to you:	

Declaration

I declare that, to the best of my knowledge, the information I have given is true and accurate.

During and after volunteering for the Hospice, I will keep confidential all matters relating to: patients of the Hospice, their families, friends and carers, other members of staff and volunteers and all Hospice business matters.

I understand that my personal details will be held on computer in accordance with the Princess Alice Hospice registration under the General Data Protection Regulation. As a volunteer we will contact you with

volunteering updates and information to carry out your role. For full details of how we use and secure your data please refer to Volunteering Privacy Notice at www.pah.org.uk/privacy.

Signature:		Date:	
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Communication preferences

In addition we'd love you to be able to get in touch with you to share our latest news, campaigns and information about more ways you can support our work, but we will need your permission to do this.

Rest assured, we never share, swap, rent or sell our supporters' details to other charities or third parties for marketing purposes. You can read how we manage and respect your data in our Supporter Privacy Notice at www.pah.org.uk/privacy.

Would you like to hear from us? YES NO

If you have ticked yes, please let us know what you would you like to receive.

	EMAIL	POST	PHONE
Hospice news and the Hospice newsletter			
Fundraising appeals			
Hospice events			
Hospice shop news and offers			
In memory appeals and events			
Raffles and our lottery			
Volunteering			

If you'd like to change your permissions at any time or be sent a copy of the Supporter Privacy Notice, please contact our supporter care team on 01372 461808 or supportercare@pah.org.uk

Returning your application

By Email	By Post
volunteering@pah.org.uk	Volunteers Team Princess Alice Hospice, West End Lane, Esher, Surrey KT10 8NA

Equality Monitoring

How do you identify your ethnic group?

Please tick the relevant box and indicate which option applies to you. These categories are approved by the Commission for Racial Equality.

White:	<input type="checkbox"/>	English/Scottish/Welsh/British/Irish/Other Please specify:	
Mixed:	<input type="checkbox"/>	White & Black African/White & Black British/ White & Black Caribbean/White & Asian/Other Please specify:	
Asian:	<input type="checkbox"/>	Indian/Pakistani/Bangladeshi/British/Other Please specify:	
Black:	<input type="checkbox"/>	Caribbean/African/British/Other Please specify:	
Chinese:	<input type="checkbox"/>		
Other:	<input type="checkbox"/>	Please specify:	
Prefer not to say:	<input type="checkbox"/>		

Disabled applicants

The Hospice welcomes applications for volunteer roles from disabled people. The Equality Act 2010 defines disability as ‘a physical or mental impairment that has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities’. We are interested in collecting information about disabilities, so that we can accommodate the needs of volunteers as far as reasonably possible.

Below is a list of some medical impairments that could cause people to describe themselves as ‘having a disability’. It is not an exhaustive list, and is given for guidance only:

- Hearing, speech or visual impairments (wearing glasses or contact lenses is not normally considered a disability)
- Physical mobility problems, coordination or dexterity (for example as a result of polio, spinal injury, severe back problems, RSI, etc.)
- Mental health (for example schizophrenia, severe depression, severe phobias)
- Learning difficulties / disabilities (for example Down’s Syndrome, dyslexia, autistic spectrum disorder)
- Long-term conditions such as: diabetes, epilepsy, chronic heart disease, haemophilia, asthma, cancer, HIV
- Other

Do you consider yourself to have a disability? **YES / NO / PREFER NOT TO SAY** Are you Registered Disabled? **YES / NO / PREFER NOT TO SAY** What is the nature of your disability?

Please indicate below if you have any special requirements.