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| **APPLICATION TO BECOME A VOLUNTEER****PRIVATE AND CONFIDENTIAL** |  |

Registered Charity Number: 1120193

Company Number: 6278709

**Please complete this form as fully as possible; where options are given, please circle or tick all that apply. If you have any difficulty in completing this form, or require the form to be provided in a different format, please call Human Resources on 01202 708470.**

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| **Please return completed application form to:** | **By post to:****Or by email to:** | Human ResourcesLewis-Manning Hospice Care, 1 Crichel Mount RoadLilliput, Poole BH14 8LThr@lewis-manning.co.uk |

 **PERSONAL DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **Forename(s)** |  | **Surname** |  |
| **Address** |  |
| Town, County |  | Post code |  |  |  |  |  |  |  |
| **Telephone** |  | Home |   | Work |   | Mobile |   |
| **Email address** |  |

**GENERAL INFORMATION**

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| **How / where did you hear about working at Lewis-Manning Trust as a volunteer?** |
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| **What attracted you to become a volunteer at Lewis-Manning Trust?** |
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| **Are you presently in paid employment? (please tick as appropriate)** | Yes | No |
| Please give brief details of your present employment / previous employment and any qualifications: |

**VOLUNTEERING EXPERIENCE**

|  |  |  |
| --- | --- | --- |
| **Do you have any special skills e.g. office / administration skills, craftwork and / or arranging flowers?** | Yes | No |
| **Have you previous fundraising experience?** | Yes | No |
| **Have you any retail trade experience?** | Yes | No |
| **Would you be willing to give a short talk on holidays, hobbies etc. to our day patients?** | Yes | No |
| Please give brief details of your experience: |

**ROLES**

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| **Please indicate the areas of Lewis-Manning Trust you would be willing to volunteer:** |
| **HOSPICE** | Day Hospice |  | Gardening/odd jobs |  | Reception/administrative |  | Driving Patients |  |
| **FUNDRAISING** | Events |  | Collections |  | Admin |  |  |
| **SHOPS** | Ashley Cross |  | Westbourne |  | Wimborne |  | Blandford |  |
| **Please state your availability (please tick as appropriate):** |
| Mon | am | pm | Tues | am | pm | Weds | am | pm | Thu | am | pm | Fri | am | pm |
| Sat\* | am | pm | Flexible |   | Available at short notice |  | \*shops only |
| **When NOT available?** |   |

**MEDICAL DETAILS**

|  |  |  |
| --- | --- | --- |
| **Are you in good health?** | Yes | No |
| If no, please provide details if your health would affect your voluntary work: |
| **Are you able to fulfil a shift which may mean you are on your feet for 2 to 4 hours?** | Yes | No |
| **Have you suffered a significant bereavement within the last two years?** | Yes | No |
| If yes, please confirm relationship and how long ago: |

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| **Please use this space for any additional information you may wish to give:** |

**REFERENCES**

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| **Please give the names and addresses of two people who know you well (not relations or spouses), whom we may approach for a reference. Please use BLOCK CAPITALS.** |
|  | **Reference 1** | **Reference 2** |
| **Name** |  |  |
| **Address** |  |  |
| Town, County |  |  |
| Post code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Daytime Telephone Number** |  |  |
| **Email address** |  |  |
| **How do they know you?** |  |  |

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| **DATA PROTECTION ACT 2018** |
| We are legally obliged to hold certain information about you, such as address details. Your details will be kept securely and confidentially, and will only be used by Lewis-Manning Trust. Your details will not be passed on to any other organisations without your consent. You are entitled to see any information we hold about you. |
| **REHABILITATION OF OFFENDERS ACT 1974** |
| Due to the nature of our work, we are exempt from the 1974 Rehabilitation of Offenders Act and you are, therefore, required to declare whether you have any criminal convictions. Your declarations will be treated in strict confidence and will be considered only in relation to this application. |
| **DISCLOSURE AND BARRING SERVICE (DBS)** |
| As part of our compliance procedures, relevant volunteers will be subject to a disclosure and barring service (DBS) check. More information regarding the check can be found by telephoning 03000 200 190 or visiting customerservices@dbs.gsi.gov.uk. The procedure will be explained in more detail when we meet you.  |
| **CONFIDENTIALITY** |
| Whilst working for Lewis-Manning Trust as a volunteer you may see and hear things of a confidential nature. Volunteers are required to sign a confidentiality statement not to divulge confidential information about the Hospice and its patients. |
| **POLICIES AND PROCEDURES** |
| Volunteers are expected to make themselves aware of all relevant policies and procedures which are available in the Learning Resources Room, as well as on the shared ‘M’ drive under Policies. |
| **HEALTH & SAFETY** |
| All volunteers are subject to an induction and training period. Volunteers are required to attend mandatory training. |

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| **DECLARATION** |
| I declare that I have read all the above notes and that the information on this form is true and complete to the best of my knowledge and belief. |
| **Signature** |  | **Date** |  |

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| **We look forward to receiving this completed application form from you soon!****Please return it to Human Resources at the address at the top of page 1. We will acknowledge receipt as soon as possible.****THANK YOU FOR APPLYING TO LEWIS-MANNING TRUST AS A VOLUNTEER!** |