



RETAIL VOLUNTEER APPLICATION FORM

Please return completed application forms to either: **Volunteer Department, Dove House Hospice, Chamberlain Road, Hull, HU8 8DH** Or **The shop you wish to volunteer in**

Personal details

Title: _____ Forename(s): _____ Surname: _____

Known as (preferred name for volunteer badge): _____

Address: _____ Contact Telephone number(s): _____
 City: _____ Email address: _____
 Post Code: _____

Which shop you are interested in volunteering in?

Location – Please indicate which shop(s) you are interested in volunteering in by ticking the relevant boxes below.

Anlaby	Driffield	Holderness Road	Newland Avenue
Anlaby Road	Endike Lane	Hornsea	Newland Ave – No.87
Beverley (Dyer Lane)	Gipsyville	Howden	North Point
Beverley (Swabys Yard)	Goole	Ings Road	On-Site Shop
Beverley Road	Greenwich	Ings Road Furniture	Orchard Park
Beverley Road Furniture	Hedon	Longhill	Spring Bank West
Brough	Hessle Square	Marfleet	Whitefriargate
Chanterlands Avenue	Hessle Clearance	Marfleet 2	Withernsea
Cottingham	Hessle Road	Market Weighton	

Availability?

Availability – Please indicate when you may be regularly available by ticking the relevant boxes below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
09:00 – 13:00							
13:00 – 17:00							

Reasons for volunteering?

Reason for volunteering – Please indicate your reasons for volunteering by ticking the relevant boxes below.

Your answer will be explored in more detail at your interview.

to learn new skills	to share my skills
to support the cause	to stay active
to gain employment skills	for social interaction
Other (please detail)	

Declaration

- I confirm that the information contained in this form is correct and that all relevant details have been given.
- I understand that if offered the voluntary role:
 - I agree to abide by the policies and procedures of the Hospice.
 - I will be subject to the information contained herein.
 - I understand that any false statement may lead to the Hospice rejecting my application or to withdraw any voluntary role offered.
 - I agree that the information provided in this application form may be processed by Dove House Hospice in relation to my application for this post to assist in the decision making process. I further expressly agree that, should it be necessary to validate any of the information provide herein, the 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 Hospice in a secure confidential file and the contents only used for necessary business purposes subject to my express consent for disclosure where necessary. All details are held in accordance with the Data Protection Act 1998.
 - I understand that anything I hear or learn, concerning individual patient(s) or confidential organisational details in the course of my duty as a Volunteer, must be treated in the strictest confidence.

***Are you aged 16 or 17 years old? Yes No**

If Yes, and if successful at your interview, we will send you a 'Young Person's Risk Assessment' form and to ask that you review, sign & ask your parent/guardian to sign. This then needs to be returned to the shop before you're able to start.

Print Name:SignatureDate.....

Thank you for completing this application form.

SHOP MANAGER USE ONLY

1. Interview date/...../.....

2. Do you wish to take the applicant on as a volunteer?

- Yes. Their start date has been agreed as/...../.....
Please note: if applicant is 16 or 17 years old, please leave start date blank (see * for more details)
- No, the applicant is not suitable to commence voluntary duties in the shop.
Please detail below (then forward to your Regional Sales Manager)

.....
.....
.....

3. Name of interviewer:.....Signature:.....Date:.....

*If the applicant is 16 or 17 years old and you wish to take them on, please refrain from giving them a start date straight away. You should give them a copy of the Young Persons Risk Assessment and once this has been signed by their parent/guardian and returned, a start date can be agreed.

*This application form and Young Persons Risk Assessment form should be sent together to the Volunteer Department.

4. Communicating with volunteers, staff and supporters about hospice events and activities is an important part of our work. We would like to send you occasional pieces of direct marketing from the hospice that we think you will find interesting and relevant. **[Give Privacy Notice]** Here is a statement regarding how we will use, protect and store your data for this purpose, if you are happy for us to do so.

*Have you read and understood the Dove House Hospice Privacy Notice? Yes No

*Are you happy to receive direct marketing communications from Dove House Hospice? Yes No

*How would you like to hear from us? (Please tick all that apply):

Mail: Phone: Email: Text:

Any other comments:

REGIONAL SALES MANAGERS USE ONLY (if applicable)

- I agree with the Managers assessment. The Volunteer Department can inform the applicant they have been unsuccessful in obtaining a voluntary role
- Further assessment and review is needed. Applicant may be asked to attend another interview

Name of Regional Sales Manager:Signature:.....Date:...../...../.....

EQUAL OPPORTUNITIES - MONITORING FORM

It is the policy of the Hospice to ensure that no member of staff, potential staff, service user or volunteer is treated less favourably as a result of their gender, age, marital status, ethnic origins, religion and belief, sexual orientation or disability. All details are held in accordance with the Data Protection Act 1998.

In order to assist the 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 recruitment process.

Please return to: - Volunteer Department, Dove House Hospice, Chamberlain Road, Hull, HU8 8DH

Post applied for

Date completing form

Full name in capitals

Please indicate by ticking boxes or entering information as appropriate.

GENDER:		
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

DATE OF BIRTH:

Prefer not to say <input type="checkbox"/>

MARITAL STATUS:						
Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Married <input type="checkbox"/>	Civil Partnership <input type="checkbox"/>	Cohabiting <input type="checkbox"/>	Widowed <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

ETHNICITY:	
Ethnic origin categories are not about nationality, place of birth or citizenship. They are about the group to which you as an individual perceive you belong. Please indicate your ethnic origin by ticking the appropriate box below.	
Arab – Middle Eastern <input type="checkbox"/> Arab – North African <input type="checkbox"/> Asian or Asian British – Bangladeshi <input type="checkbox"/> Asian or Asian British – Indian <input type="checkbox"/> Asian or Asian British – Pakistani <input type="checkbox"/> Black or Black British – African <input type="checkbox"/> Black or Black British – Caribbean <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Latin American <input type="checkbox"/> Mixed – White and Asian <input type="checkbox"/>	Mixed – White and Black African <input type="checkbox"/> Mixed – White and Caribbean <input type="checkbox"/> Other Asian Background <input type="checkbox"/> Other Black background <input type="checkbox"/> Other Ethnic background <input type="checkbox"/> Other Mixed background <input type="checkbox"/> Other White background <input type="checkbox"/> If any 'other' category ticked, please specify if you wish: White – British <input type="checkbox"/> White – Irish <input type="checkbox"/> Prefer not to say <input type="checkbox"/>

SEXUAL ORIENTATION:	
Bisexual <input type="checkbox"/> Gay woman/lesbian <input type="checkbox"/> Other <input type="checkbox"/>	Gay man <input type="checkbox"/> Heterosexual/straight <input type="checkbox"/> Prefer not to say <input type="checkbox"/>

RELIGION OR BELIEF:	
Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/>	Other <input type="checkbox"/> please specify if you wish: _____ No religion <input type="checkbox"/> Prefer not to say <input type="checkbox"/>

DISABILITY: The Equality Act 2010 defines disability as 'A physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities.' Long term in this context means likely to last longer than 12 months or likely to recur. Please note that cancer, HIV and multiple sclerosis are covered by the Act from the point of diagnosis.		
<ul style="list-style-type: none"> • 'Substantial' is more than minor or trivial - e.g. it takes much longer than it usually would to complete a daily task like getting dressed. • 'Long-term' means 12 months or more - e.g. a breathing condition that develops as a result of a lung infection 		
Does this definition apply to you? Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>		