



# DISTRIBUTION CENTRE VOLUNTEER APPLICATION FORM

Please return completed application forms to:

**Volunteer Department, Dove House Hospice, Chamberlain Road, Hull, HU8 8DH**

### Personal details

Title:	Forename:	Surname:
Address:		Home Telephone:
		Mobile Telephone:
Post Code:		Email address:

### Which volunteer role are you interested in?

Please indicate which role you would like to be considered for:

Transport Office	Ebay	Maintenance
Telephonist	Photographer	Maintenance Support
	Picker/packer	
Distribution Centre	Stock Listing	
Driver*		
Drivers Mate	Retail Office	
General Operative	Administration Support	

*\*FOR INSURANCE PURPOSES, DRIVERS MUST BE AGED 25 TO 70*

### Availability

Please indicate below when you may available on a regular basis:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>AM</b>							
<b>PM</b>							

### 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.

<input type="checkbox"/>	to learn new skills	<input type="checkbox"/>	to share my skills
<input type="checkbox"/>	to support the cause	<input type="checkbox"/>	to stay active
<input type="checkbox"/>	to gain employment skills	<input type="checkbox"/>	for social interaction
<input type="checkbox"/>	Other (please detail)		

### Criminal Record

Do you have any convictions, cautions, reprimands or final warnings? Yes  No   
(those that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) order 1975 (as amended in 2013) by SI 2013 1198)

### References

Please provide FULL details of TWO referees who have consented to provide a reference on your behalf

**REFEREES SHOULD NOT BE FAMILY MEMBERS**

**Incomplete referee details will delay your application**

Name .....	Name .....
Address .....	Address .....
.....	.....
Post Code .....	Post Code .....
Tel No. ....	Tel No. ....
Email.....	Email.....
Capacity in which the above is known to you.....	Capacity in which the above is known to you.....

**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:
  - a) I agree to abide by the policies and procedures of Dove House Hospice.
  - b) I will be subject to the information contained herein.
  - c) I understand that any false statement may lead to the Hospice rejecting my application or to withdraw any voluntary role offered.
  - d) 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.
  - e) 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.

Print Name: .....Signature .....Date.....

**REHABILITATION OF OFFENDERS**

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act (Exemptions) Order 1975 as amended. Therefore, you are required to disclose all information about convictions which, for other purposes, are 'Spent' under the provisions of the Act. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies.

All applicants aged 16 years or over who are offered a volunteer role where they are based at our Hospice will be subject to a criminal record check from the Disclosure & Barring Service before the appointment is confirmed. This will include details of cautions, reprimands or final warnings, as well as convictions.

Do you have any criminal convictions, cautions or bind-overs? Yes  No   
(If YES, please provide details on a separate sheet of paper)

I have read the above statement and understand it.

Signed \_\_\_\_\_ (Volunteer applicant) Date \_\_\_\_\_

Having a criminal record will not necessarily bar you from volunteering with us. This will depend on the nature of the position applied for and the circumstances and background of your offences. The DBS Code of Practice and our full policy statement on the recruitment of ex-offenders are available on request.

**VOLUNTEER INTERVIEWER USE ONLY: Once completed, please return to the Volunteer Department.**

NAME OF INTERVIEWER..... DATE OF INTERVIEW ...../...../.....

INTERVIEW NOTES: .....  
.....  
.....

APPLICANT SUITABILITY Yes  No  IF SUITABLE PLEASE TELL THE APPLICANT AND GIVE THEM A COPY OF THE VOLUNTEER RECRUITMENT PROCESS LEAFLET

IF UNSUITABLE, PLEASE GIVE FURTHER DETAILS: .....  
.....  
.....

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:

**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** .....

**Full name in capitals** .....

Please indicate by ticking boxes or entering information as appropriate.

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

<b>DATE OF BIRTH:</b>
_____
Prefer not to say <input type="checkbox"/>

<b>MARITAL STATUS:</b>						
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"/>

<b>ETHNICITY:</b>	
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"/>

<b>SEXUAL ORIENTATION:</b>	
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"/>

<b>RELIGION OR BELIEF:</b>	
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"/>

<b>DISABILITY:</b> 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"> <li>• '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.</li> <li>• 'Long-term' means 12 months or more - e.g. a breathing condition that develops as a result of a lung infection</li> </ul>		
Does this definition apply to you? Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>		