



HOSPICE BASED 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:

Office Services	Lottery	Clinical
Receptionist	Telephonist	Ward Helper
Administration Assistant	Events Promotions	Patient Driver*
Support Services	Clerical Assistant	Hospice Neighbour
Gardening	Lottery Driver*	Other
Maintenance Assistant/Driver*	Fundraising	Other (please specify from the 'current vacancies' list)
Housekeeping	Events Steward	
Catering	Collection Box Driver*	
Dulcies Community Cafe	Clerical Assistant	

**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
AM							
PM							

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.....

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.

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"/>
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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"/>

<p>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.</p> <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 <p>Does this definition apply to you? Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/></p>		
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