



Saint Michael's Bereavement Support Volunteer Application Form

About you

Title:	Name:		
Address:			
Postcode:			
Home number:		Mobile number:	
Email Address:			
Date of birth:			
My preferred method of contact is (please circle):		Email	Telephone
Letter			

Emergency contact

Name:	
Address:	
Postcode:	
Contact Number:	Relationship:

General Information

How did you hear about us? (Please highlight the relevant option)

Saint Michael's staff member	Fundraising event
Saint Michael's volunteer	Stray FM
Facebook	Saint Michael's is known to me
Local newspaper	Locally displayed poster or leaflet
Other (please specify):	

What is your motivation for wanting to volunteer? (Please highlight the relevant option)

Would like to support Saint Michael's	Would like to increase skill base
Would like to support the community	Would like to use it to gain employment
Other (please specify):	

What is your current or most recent profession? (Please highlight the relevant option)

Healthcare	Business or General Management
Socialcare	Marketing and Communications
Administration	Education
HR	Other (please specify):

Volunteering Information				
Area of volunteering: (please specify)	Hospice Services	Just 'B' Services	Fundraising and Events	Retail
Role preferred: (please specify)				
Frequency of volunteering: (please specify)	Regular		Occasional	
Time preferred: (e.g. Monday mornings)				
Specific event preferred if applicable:				
<p>To help us ensure that you are safe and that the role is appropriate please tell us if:</p> <ul style="list-style-type: none"> • There are any activities you may find difficult for health or other reasons? • Other information we may need to ensure your safety e.g. hearing difficulties 				
References				
Reference One		Reference Two		
Name:		Name:		
Address:		Address:		
Postcode:		Postcode:		
Contact Number:		Contact Number:		
Email Address:		Email Address:		
Relationship:		Relationship:		

Please note: Due to the nature of the work undertaken by the Just B service, we are unable to accept volunteers onto the course who are still grieving or who are clients of the Just B or Talking Spaces services. If you are still grieving or are currently a client, please let us know at your earliest convenience so that we can wait until an appropriate time to proceed with your application.

Please return the application form to Emmi Wainwright, Volunteer Coordinator, Crimple House, Hornbeam Park Avenue, Harrogate, HG2 8QL

Declarations

Criminal declaration

Saint Michaels is committed to equality and diversity and recognises the contribution that all people can make as volunteers and so we welcome enquiries of interest from everyone. We recognise too that some potential volunteers have criminal records and are reluctant to apply for voluntary work where this would involve the disclosure of their record. We understand that people are often ashamed and embarrassed about their cautions and convictions and/or fear they will not be treated fairly because of them.

Please rest assured that we will handle any information provided below in confidence. Should you disclose them, we will not take into account convictions deemed spent under the Rehabilitation of Offenders Act, unless the voluntary position is exempt from the Act.

Some of our volunteer positions are exempt from the Rehabilitation of Offenders Act. As such, we will ask for disclosure of both spent and unspent convictions, and also cautions, reprimands, and final warnings. The Hospice pays for a Disclosure and Barring Service check if required by the volunteer role, and then requests volunteers to make the information available to us. Some volunteers will already have had a check completed by another organisation. By signing this form you are giving us permission to access the findings of these checks via the DBS. If the DBS check reveals information that we were not previously aware of, we will discuss the matter with you before making a final decision. Whilst it is unlikely that a Criminal Record would prevent you from volunteering, we consider each case on an individual basis.

If you require further information about your rights in relation to Disclosure applications, and our responsibilities to you, please ask us for a copy of the Disclosure Code of Practice.

Do you have any convictions, cautions, reprimands or final warnings that are not protected as defined by the "Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?"

Yes

No

If yes please give details of offences, dates and penalties:

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post?

Yes

No

General Declarations			
Please answer the following by selecting a box		Yes	No
I confirm that the information on this form is true and correct			
I am happy to be contacted by Saint Michael's with regard to newsletters and magazines			
I am happy to be contacted by Saint Michael's with regard to upcoming opportunities, events and marketing materials			
I agree to be enrolled as a volunteer and to abide by the rules concerning volunteers, and the policies and procedures of the Hospice			
It is Saint Michael's policy that if new volunteers have been recently bereaved we prefer them to wait at least 6 months before becoming a volunteer. Have you been recently bereaved?			
In accordance with the Data Protection Act 1998 I give permission for this personal information to be stored and processed for the purposes of volunteering and monitoring and for sensitive data to be stored and processed in connection with equal opportunities, health and safety reasons and compliance with the requirements of national standards.			
Signed:		Date:	

Please return the application form to Emmi Wainwright, Volunteer Coordinator, Crimple House, Hornbeam Park Avenue, Harrogate, HG2 8QL

Saint Michael's Equal Opportunities Form

Saint Michael's aims to provide equal opportunities and fair treatment for every individual involved in the organisation. The information below is anonymous and will not be stored with any identifying information about you. All details are held in accordance with the Data Protection Act 1998.

We would like you to complete this form in order to increase our understanding of who we are reaching and to better serve our community. If you would like the form in an alternative format or would like help in completing the form, please contact the Fundraising Volunteer Coordinator on 01423 879687.

How would you describe your ethnic origin? (please highlight an option)

Black African	
Black Afro-Caribbean	
Black British	
Indian	
Pakistani	
Chinese/Vietnamese	
Bangladeshi	
White British	
White European	
White Irish	
Other (please specify)	

How would you describe your health? (please select an option)

		Yes	No
<p>The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on one's ability to carry out normal day-to-day activities. This definition includes conditions such as cancer, HIV, mental illness and learning disabilities.</p>	I consider myself to have a disability		
	I would describe my disability as:	<input type="checkbox"/> Visual <input type="checkbox"/> Physical <input type="checkbox"/> Hearing	
	I am registered disabled at the Job Centre and hold a green card		

What category does your age fall in? (please select an option)

16-25	26-35	36-45	46-55	56-65	66-75	Over 75
-------	-------	-------	-------	-------	-------	---------

What gender do you identify with? (please select an option)

Male	Female
------	--------

What is your current employment status? (please select an option)

Retired	Employed	Self Employed	Not working
---------	----------	---------------	-------------

What is your highest level of education? (please select an option)

GCSE/O-level or equivalent)	A-Level or equivalent	Higher Education	Postgraduate
-----------------------------	-----------------------	------------------	--------------

Role applied for	
Date:	

Thank you for taking the time to complete this application. We will be in touch shortly.

Please return the application form to Emmi Wainwright, Volunteer Coordinator, Crimple House, Hornbeam Park Avenue, Harrogate, HG2 8QL

Personal Profile

Why would you like to become a Bereavement Support Volunteer and what do you think you would contribute?

Please use this space to tell us a little about you, your hobbies and interests.

Personal Development.

Please include any courses, membership, voluntary work or responsibilities you consider relevant to the volunteering role with outcomes where applicable.

Education and Qualifications

Education and qualifications (Please include any courses you are currently studying and the expected completion date):

Place of study	Course Title	Level	Course completed (please include date and outcome)

Knowledge, Skills and Experience

It would be helpful to us to have an overview of the knowledge, skills and experience you could bring to the role of Bereavement Support Volunteer in the following areas:

Area	Knowledge/Skills/Experience
Knowledge and interest in bereavement and loss	
Working/volunteering in a setting where people are experiencing loss and/or bereavement	

Please return the application form to Emmi Wainwright, Volunteer Coordinator, Crimple House, Hornbeam Park Avenue, Harrogate, HG2 8QL

Independent learning/study	
An ability to reflect on practice and identify learning objectives	
Openness to experiential learning and feedback from others	
<p>Additional Information</p> <p>You are invited to give any additional information that may be relevant in demonstrating your suitability for the role of Bereavement Support Volunteer. Such information might include skills developed in unpaid voluntary or community work and leisure interests. Please use this space and continue on a separate sheet if necessary.</p>	

Please return the application form to Emmi Wainwright, Volunteer Coordinator, Crimple House, Hornbeam Park Avenue, Harrogate, HG2 8QL