

# Saint Michael's Volunteer Application Form



## About you

|  |  |                                 |  |
|--|--|---------------------------------|--|
| Name:  |  | Title: Mr Mrs Miss Ms Dr Other: |  |
| 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 tick the relevant option/s)

|                              |                                     |
|------------------------------|-------------------------------------|
| 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 tick the relevant option/s)

|                                       |   |
|---------------------------------------|---|
| 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 tick 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:   |                  |                   |                        |        |
| To help us ensure that you are safe and that the role is appropriate please tell us if:   |                  |                   |                        |        |
| <ul style="list-style-type: none"> <li>There are any activities you may find difficult for health or other reasons?</li> <li>Other information we may need to ensure your safety e.g. hearing difficulties</li> </ul> |                  |                   |                        |        |

**Application questions and references**

**Please note that if you are an occasional fundraising events volunteer you do not need to complete this section**

Why would you like to volunteer?

Please detail any relevant experience, skills and qualities you could bring to a volunteering role at Saint Michael's

Is there a particular role in which you are interested?

| Reference One   |  | Reference Two   |  |
|-----------------|--|-----------------|--|
| Name:           |  | Name:           |  |
| Address:        |  | Address:        |  |
| Postcode:       |  | Postcode:       |  |
| Contact Number: |  | Contact Number: |  |
| Email Address:  |  | Email Address:  |  |
| Relationship:   |  | Relationship:   |  |

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:

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## 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 tick 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<br><input type="checkbox"/> Physical<br><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