

**Volunteer Application Form**

Location of Role/Shop:

Full Name Mr/Mrs/Miss/Dr/Etc

|  |  |
| --- | --- |
| Address: |  |
| Postcode |  |

|  |  |  |
| --- | --- | --- |
| DOB:  |  |  |
| Telephone:  |  |
| Mobile:  |  |
| Email:  |  |

**How did you hear about Forget Me Not Children’s Hospice?**

|  |  |  |  |
| --- | --- | --- | --- |
| FMNCH Newsletter | [x]  | Local Voluntary Centre | [x]  |
| FMNCH Website | [x]  | Media – Local Press  | [x]  |
| Staff Member/Word of Mouth | [x]  | Passing by shop/ hospice  | [x]  |
| Social Media | [x]  | Local University/College  | [x]  |
| Recruitment Website please specify | [ ]  |
| Other | [ ]  |  |  |

|  |  |  |
| --- | --- | --- |
| **Have you ever been convicted of a criminal offence?**  | YES[x]  | NO[x]  |

|  |
| --- |
| Declaration subject to the Rehabilitation of Offenders Act 1974  |
| If yes, please give details: |  |
| **DBS Submitted****(office use only)** |  |

Any offer of a volunteer post is subject to satisfactory references and a check from the Disclosure and Barring Service (DBS) (if appropriate to the role). Having a criminal record will not necessarily bar you from volunteering with us. Please contact the Volunteer Team if you wish to discuss this further.

**Please select the volunteer role you are applying for below:**

|  |  |  |  |
| --- | --- | --- | --- |
| Retail Shop  | [x]  | Retail Driver | [x]  |
| Hospice Care | [x]  | Fundraising & Events | [x]  |
| Reception & Administration | [ ]  | Other: *Please specify* | [x]  |

**Emergency Contact**

**Person to notify in case of an emergency:**

|  |  |
| --- | --- |
| Name:  | Mobile Phone:  |
| Relationship to you:  | Landline:  |
| Address: |

**\*Trading – please ensure you’ve completed an Emergency Contact Form\***

**References**

**Please give two names of people we can contact for references. These should not be relatives.**

**\*\*NOT FUNDRAISING OR SHOP VOLUNTEERS\*\***

Reference 1 Reference 2

|  |  |
| --- | --- |
| Name:  | Name:  |
| Address:  | Address:  |
| Postcode:  | Postcode:  |
| Daytime telephone:  | Daytime telephone:  |
| Email:  | Email:  |
| Relationship to you:  | Relationship to you:  |

**Please state any relationship you have to Forget Me Not Children’s Hospice, a colleague, family or a volunteer:**

|  |
| --- |
|  |

**Please share any relevant skills or experience you have for the role. This may include education, work or voluntary experience.**

|  |
| --- |
|  |

**Do you have any medical conditions or disability which may affect your volunteering or that our staff needs to be aware of? If yes, please provide further information or indicate if you would like to discuss with a member of staff.**

|  |
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|  |

**How we use your information**

In order to progress your volunteering application, we need to process the information that you have provided on this form. This allows us to assess suitability for a role, and to comply with legal obligations. In some cases, we may use your personal information to pursue our legitimate interests, provided your interests and fundamental rights do not override those interests. However, we will only process your information as necessary for the purposes of progressing your application or as required by law. This includes carrying out a criminal record (DBS) check, and also collecting information from third parties (such as your referees).

Our Privacy Policy explains how and why we use your information, how long we keep it for, and your rights (including how you can object to any of this processing or view a copy of information we hold about you). To view this privacy policy, please visit this website: <https://www.forgetmenotchild.co.uk/staff-privacy> or contact us using the details below and we will send you a copy. If you are successful in your application, we will send you a full copy of our Privacy Policy as part of our induction process.

If you have any questions about how we use your information, please telephone 01484 637996, or write to us at Forget Me Not Children’s Hospice, Fell Greave Road, Huddersfield, HD2 1NH, or e-mail dataprotection@forgetmenotchild.co.uk.

Any offer of a volunteer post is subject to a check from the Disclosure and Barring Service (DBS) (if appropriate to the role). Having a criminal record will not necessarily bar you from volunteering with us. Please contact Voluntary Services if you wish to discuss this further.

**References**

The offer of a volunteer post is subject to satisfactory references being received. This reference request will only be used for the purposes of fulfilling this application. Upon submission of this form, we will contact your referees, and ask them for the following information:

* How they know you;
* How long they have known you for;
* Information on your character, including reliability and capability to carry out the volunteer role.

**Confidentiality Statement**

I understand that whilst volunteering at FMNCH I may see information about children and their families, patient care, fundraising, financial information, staff, volunteers, sponsors and suppliers. Any information I receive is given in the strictest of confidence and I will not be disclosed to anyone outside of FMNCH both during my time volunteering and after. FMNCH will deem any breach of confidentiality as a serious offence and appropriate action will be taken.

I agree to uphold this commitment to abide by the terms set out in the FMNCH confidentiality agreement.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Health and Safety Agreement**

Take reasonable care of your own health and safety and that of anyone affected by what you do. Be aware of how your activities may affect other people. Co-operate with FMNCH rules and procedures that are in place for your health and safety. Do not misuse any equipment provided for Health and Safety reasons.

I hereby state I have read and understood the Health and Safety Agreement and will abide by its terms.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Disclaimer**

I consent to checks being made with relevant parties and declare that the information that has been given in this form is correct to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

From time to time, the Forget Me Not Children’s Hospice would like to keep you updated on news, events and opportunities. If you agree to receiving this information, please tick the relevant boxes below. You can opt out at any time by writing to us, phoning us or e-mailing unsubscribe@forgetmenotchild.co.uk. For further information, please visit our website and click Privacy Policy at the bottom of the page.

Post E-Mail Telephone SMS

**For Office Use Only**

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| HQ Recorded created |  |
| ID Badge requested (if applicable) |  |
| Privacy Policy  |  |
| Handbook |  |
| References sent (office & hospice roles only) |  |
| Invite to Induction |  |
| Added to DP Consent Drive (if applicable) |  |
| Personnel created on Shared Drive |  |