

Volunteer Manager Admin Use Only:

Location:

Role:

Date Started:



Volunteer Application Form

Thank you for taking the time to complete this Volunteer Application Form. We are always grateful to hear from potential volunteers. After your form has been processed a member of staff will contact you in due course to discuss volunteering opportunities with Thames Hospice.

Personal Details

Title: <i>(Mr, Mrs, Miss, Ms)</i>		Date of birth:	
First name:		Surname:	
Landline number:		Mobile number:	
E-mail Address:			
Address:			
Emergency contact name, phone number and relationship to you:			
Please tick:	I work <i>(full or part time)</i> :	I don't work/I am retired:	I am a student:

Volunteer Opportunities

We have many different volunteering opportunities, for a full list of current volunteer roles available please see our website www.thameshospice.org.uk/volunteer or call Volunteer Services on 01753 848 940/01753 848 945.

Please list your top 3 preferences:	1 st preference:	
	2 nd preference:	
	3 rd preference:	
If you are applying to volunteer in one of our shops please indicate which shop/s you would like to volunteer in:	Binfield / Blackwater / Bracknell / Camberley / Caversham / Crowthorne / Dedworth Maidenhead Home Store / Farnham Common / Gerrards Cross / Henley / Langley Maidenhead / North Ascot / Old Amersham / Sandhurst / Sunninghill / Windsor / Uxbridge Wokingham / Woodley	
Please give us an idea of which time slots you may be available:	AM	
	PM	
Flexible:		

More About You

Why do you want to become a volunteer? <i>(Please tick)</i>	I want to help others	
	I have particular skills I can bring to the Hospice	
	I have spare time and want to use it productively	
	I have personal experience of bereavement	
	I (or someone I know) have experience of being supported by Thames Hospice	
	I want to gain skills and/or experience	
Other <i>(please specify)</i> :		

Have you had a bereavement in the last two years of someone who you had close emotional ties with?*

*We recommend at least a two year gap between a close bereavement and starting to volunteer in a role within our Hospice (not shops or community). We will contact you to discuss on receipt of your application.

What skills, qualities, interests and experiences could you bring?

Do you have any specialist professional expertise?

Do you have any current or previous experience of volunteering?

Driver applicants only
Do you hold a clean driving license and own a car? *(please tick)*

	Yes		No	
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How did you hear about volunteering with us? <i>(please tick)</i>	Word of Mouth		Newspaper		School/College/Uni	
	Thames Hospice website		Saw a poster/leaflet		Volunteer Centre	
	In a Thames Hospice shop		At a Volunteering Fair		Volunteering website eg. Do It	
	Thames Hospice In Touch		Social Media		Volunteering Fair	
	Visiting the Hospice		Other <i>(please specify)</i> :			

Health/Disability

Do you have any health issues, disabilities or additional support needs (physical or mental) we should be aware of?

Do you require any adjustments to enable you to carry out your duties?

Volunteers from Overseas (Non UK Citizens only)

Please state the category of visa you hold:

This may not preclude you from volunteering but we need to be aware of your resident status. We may be in touch to discuss your resident status.

Referees

Please give the details of two people who we may contact for a reference. You referees should have known you for over two years, be able to vouch for you, be over 18 years of age, and should not be related to you or live in the same household. We will only contact your referees once you have been offered a volunteer role and by signing this form you are consenting to us contacting your referees at this time.

1 st Referee		2 nd Referee	
Name:		Name:	
Relationship to you:		Relationship to you:	
Phone Number:		Phone Number:	
E-mail Address:		E-mail Address:	
Address:		Address:	

Disclosure

All potential volunteers based within the Hospice (but not in Thames Hospice Shops) will be required to have a Disclosure and Barring Service check (formerly CRB), which the Hospice will undertake on your behalf. Previous criminal convictions will not necessarily prevent full consideration of your application.

Declaration

(please tick) I allow Thames Hospice to store my details in accordance with Data Protection legislation for internal use only. Your personal details will be used in relation to your volunteering application and your role within Thames Hospice. You can read our Volunteer Privacy Notice on the Thames Hospice website or by requesting a copy from Volunteer Services via the details listed below.

Thames Hospice would like to keep you up to date with details of news, events and fundraising activities using the contact details you have supplied.

Please indicate how you would like to receive information (please tick):

E-mail:		Post:		<input type="checkbox"/> I would NOT like to receive any information	
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By providing us with any personal data, you consent to the collection and use of any information you provide in accordance with the above purposes and our privacy statement, which is available by contacting volunteers@thameshospice.org.uk or by calling 01753 848940.

I declare that, to the best of my knowledge, the information given on this form is true and accurate. I allow Thames Hospice to take up my two references if I am offered a volunteer role.

Signed:		Print Name:	
Date:			

Returning Your Application

Please send your completed application form by e-mail or post to:

volunteers@thameshospice.org.uk

Volunteer Services, Thames Hospice, Pine Lodge, Hatch Lane, Windsor, Berkshire, SL4 3RW