**Volunteer Application Form**

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| **Which of our current voluntary role are you interested in?****(All our voluntary vacancies are advertised on** [**https://www.rotherhamhospice.org.uk/**](https://www.rotherhamhospice.org.uk/)**)** |
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| **Personal Details** |
| Title: | Address: |
| Forename(s): |
| Surname: |
| Mobile: |
| Telephone: |
| Email Address: |
| Emergency Contact Details:Name:Telephone:Relationship: |
| To volunteer at the Hospice the minimum age is 16years old. For some of our roles the minimum age is increased to 18. Under 18? Yes No |
| **How we keep in touch with you.** |
| We will contact you about things such as volunteer events, Rotherham Hospice Newsletter and other administrative information. We would also like to contact you with information and asks about upcoming fundraising events and also the occasional marketing information we feel you may find interesting and relevant. **I am happy to be contacted about fundraising events:**Yes No**I am happy to be contacted with marketing information:**Yes NoRotherham Hospice is committed to protecting the privacy of everyone who uses our services: as patients and carers or as employees and volunteers; and that of anyone who supports our work throughout fundraising, retail or lottery activities. Our Privacy Policy explains what personal data we collect and process, how we collect it, whom we share it with, and why we do so. It also explains the steps we take to keep your data secure and where specific Privacy Notice information can be found. If you have any questions about this Privacy Statement or our Privacy Policy and data processing in general you should contact our Data Protection Lead at dataprotection@rotherhamhospice.org.uk or telephone 01709 308900. Our Privacy Policy and specific Privacy Notices can be found on our website at [www.rotherhamhospice.org.uk](http://www.rotherhamhospice.org.uk) |
| **Availability for Volunteering** |
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| **Further Information** |
| Please tell us why you are interested in volunteering with Rotherham Hospice and what skills and attributes you can bring to the role. |
| Please summarise any current or previous occupations. |
| Do you have any other skills which you think would benefit the Hospice? If yes, please give some details. |
| **Your Health.** Is there anything we need to know about your health, or do you have a disability? We have a duty of care to ensure that you are not asked to undertake tasks that might put you at risk because of any health or disability related issues you have, Please advise us of such issues. |
| Have you ever been convicted, cautioned or bound over, or are you waiting to hear about a criminal conviction which is not considered to be spent? YES / NO |
| **References**Please provide two references from people who can comment on your experience and your suitability to volunteer with the Hospice. It is not necessary for referees to know you in a professional capacity however, family members are not acceptable. |
| NameAddressTelephoneEmailRelationship | NameAddressTelephoneEmailRelationship |
| **Declaration****I confirm that the information given on this form is, to the best of my knowledge, accurate. I agree to uphold the values and behaviours of the Rotherham Hospice and will update you of any changes.** |
| Signature | Date |

**What happens next?**

Thank you for your interest in becoming a volunteer for Rotherham Hospice. Once we receive your form, if we feel you are suitable for the role we will invite you to come in for an informal interview with the department manager.

If you have any questions about this application form or about volunteering, please contact our HR and Volunteer Advisors:

Charlotte Alberry or Chloe Botham

Phone: 01709 308900

Email: volunteering@rotherhamhospice.org.uk