The Prince of Wales Hospice

Volunteer Application Form for Under 18s

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| **Please complete in BLACK INK and BLOCK CAPITALS or TYPE** |

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| Volunteer Position Applied For |
| Volunteer Role: |
| How did you hear about volunteering at the Hospice: |

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| Personal Details |
| Surname: | Forename(s): |
| Address: |  |
| Postcode: |  |
| Date of Birth: |  |
| Mobile Number: |  |
| Email Address: |  |
| Emergency Contact Name and relationship: |  |
| Telephone Number: |  |
| Email Address: |  |

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| **Education**  |
| Are you currently in education?  | Yes 🞎 No 🞎 If yes, please provide details in the tables below. |
| Where are you studying? |  |
| What are you studying? |  |

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| Why do you want to volunteer for the Hospice |
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| What knowledge, skills and experience will you bring to the Hospice? |
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| Voluntary Work or Other Experiences |
| Details  | Dates |
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| Further Supporting InformationPlease provide any other information in support of your application |
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| ReferencePlease provide the names, address and contact numbers of a referee. This could be your teacher at school/college  |
| Name: |  |
| Job Title: |  |
| Address:Postcode: |  |
| Telephone Number: |  |
| Email: |  |
| Relationship: |  |

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| Criminal Offences |
| **Please see recruitment information for details of whether this post is subject to a Disclosure and Barring Service Check (DBS Check).**If so, the following is applicable and must be completed:The Prince of Wales Hospice is exempt from the provisions of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act (Exceptions) Order 1975. Applicants are not entitled to withhold information about convictions, cautions, warnings, reprimands or binding overs which for other purposes are “spent” under the provisions of the Act. Any information provided will be confidential and will be considered only in relation to the post to which the order applies. Failure to reveal information could lead to a withdrawal of an opportunity to volunteer.Have you ever been convicted of a criminal offence, received bind overs or police cautions?**Yes / No** (delete as appropriate). If yes, please provide details on a separate attached sheet. |

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| Relationships/Connections to Hospice |
| Are you related to anyone employed or who volunteers at the Hospice? If yes, please provide details: |

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| Declaration |
| I declare that all information given on this form and any supporting documentation is accurate to the best of my knowledge and belief. I understand that any work placement arranged will be subject to the information given on this form.I understand that this is an unpaid volunteering role and not a contract of employment. No employer/employee relationship will arise between the Hospice and yourself through this volunteering opportunity.I agree to familiarise myself with relevant written policies and procedures of the Hospice, including those related to confidentiality and information governance. I agree to work within the guidelines and rule of The Prince of Wales Hospice.I understand my eligibility to volunteer may be subject to satisfactory references, registration (if appropriate) and if required, a Disclosure and Barring Service (DBS) check. If a DBS check is required I give permission for the application and processing of this.The information provided by me may be processed for purposes permitted under the General Data Protection Regulation. Individuals have, on written request, the right of access to personal data held about them. The organisation treats personal data collected during the recruitment process in accordance with its Data Protection and Privacy Policies which are available on our website.Signature: ............................................................................................. Date: ............................................Print Name: ……………………………………………………………….Parent/Guardian signature (if under the age of 18): ……………………………………………………………….Print Name: ………………………………………………………………. Date: ……………………………….. |

**This form must be returned with the Equal Opportunities Monitoring Form.**

**These forms can be returned by post or by email:**

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| **If returning by post:**HR TeamThe Prince of Wales HospiceHalfpenny LanePontefractWest YorkshireWF8 4BG | **If returning by email:**recruitment@pwh.org.uk |