The Prince of Wales Hospice

Volunteer Application Form for Under 18s

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

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

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

|  |
| --- |
| **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? |  |

|  |
| --- |
| Why do you want to volunteer for the Hospice |
|  |

|  |
| --- |
| What knowledge, skills and experience will you bring to the Hospice? |
|  |

|  |
| --- |
| Voluntary Work or Other Experiences |
| Details  | Dates |
|  |  |

|  |
| --- |
| Further Supporting InformationPlease provide any other information in support of your application |
|  |

|  |
| --- |
| 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: |  |

|  |
| --- |
| Criminal Offences |
| 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. |

|  |
| --- |
| 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.The information provided by me may be held on computer and therefore falls within the provision of the Data Protection Act. I understand that the processing of all data for employment purposes will be as per the above Act.Signature: ............................................................................................. Date: ............................................Print Name: ……………………………………………………………….Parent/Guardian signature (if under the age of 18): ……………………………………………………………….Print Name: ………………………………………………………………. Date: ……………………………….. |

**Please return this application form by post or email to:**

Angela Sibbit, HR and Volunteers Coordinator

The Prince of Wales Hospice

Halfpenny Lane

Pontefract

WF8 4BG

Email: asibbit@pwh.org.uk