

Volunteering for Overgate Hospice

Thank you for your interest in volunteering for Overgate Hospice. Overgate is an adult hospice, providing specialist care for people in Calderdale, who have an advanced and progressive illness. We care for the whole person, to give them the best quality of life, and provide support for their families and carers. We make no charges for our services, and rely on the goodwill of local people, who support us in tremendous ways, both financially, and by volunteering.

There are various volunteering opportunities, outlined by the enclosed leaflet, which also explains the positions that are currently available. If you are interested in any areas of volunteering other than these, your name will be put on a waiting list for 6 months and you will be advised if anything comes up. If you haven't heard anything from us within this time please feel free to phone again should you wish to be kept on file.

If you decide you would like to register to be a volunteer with Overgate Hospice please complete the enclosed registration and monitoring forms.

Once your completed forms have been returned, we will invite you to attend an informal interview, when you will be able to learn more about the work of Overgate Hospice and discuss further your interest in becoming a volunteer.

I hope you find the enclosed information helpful, and will want to become actively involved with Overgate Hospice. There is more information about the volunteering process on the back of this letter. If you require further information please don't hesitate to contact us.

I look forward to hearing from you.

Yours sincerely,

Colleen Brown, Volunteer Co-ordinator

Tel: 01422 387145

colleen.brown@overgatehospice.nhs.uk

Outline of Volunteer Process from initial enquiry

Below is an outline of the volunteering process. On average it could take a couple of months (less time for shop workers), although it depends how long it takes for references and the CRB disclosure to come back.

- Enquiry
- Registration form and list of opportunities sent out
- Completed registration & monitoring form returned to the Volunteer Co-ordinator at Overgate Hospice, or Shop Manager (if your interest is only shop work)
- Phone call, from Overgate Hospice or shop, to arrange an interview (*this will be done as soon as possible after receipt of form, but please be aware this may not be immediately!*)
- Informal interview to discuss your motivation to volunteer, to assess your suitability, to guide you to a suitable volunteering role that will be enjoyable and beneficial to your personal development, and for you to decide if you would like to be involved as a volunteer within the organisation
- Successful applicants sent confirmation and a Criminal Records Bureau disclosure form. This is unnecessary for volunteers working solely in shops and Friends groups. Any spent or unspent convictions should be disclosed with the registration form. Two references sent for.
- Applicant completes CRB form for an enhanced disclosure, and phones Overgate Hospice to arrange to bring in documents for countersigning.
- When all the above is complete, induction training will be given at Overgate Hospice in Elland, at the earliest opportunity. (*If a training session has just taken place volunteer could be waiting 4-6 weeks for the next*)
- Volunteer starts when CRB form has come back, if necessary for the role, and training completed.

For your information

Volunteers may work in the shops at age 16, but not until age 18 in the hospice.

Car/van drivers must be age 25+

Due to the sensitive nature of our work, we ask that volunteers who have direct contact with patients, have not been affected by a close bereavement within the last 6 months.

We are extremely grateful to you for your interest in volunteering with us and hope you will want to take this further. Please contact us if you require more information.

VOLUNTEER



Charity Registration No.511619

MONITORING FORM

THIS SHOULD BE RETURNED WITH YOUR REGISTRATION FORM, IN A SEALED ENVELOPE. Thank you

CONFIDENTIAL INFORMATION

This information will only be used for the purpose of ensuring the effectiveness of our Equal Opportunities

Gender: Male () Female ()

Age group: 16/17 () 18-30 () 31-40 () 41-50 () 51-60 () 61-70 () 70+ ()

Ethnic/Cultural Background Choose one section (A to F). Tick the box within that section that describes your background.

A. White • British () • Irish ()

• Other White background () Please specify _____

B. Asian/ • Indian ()

• Pakistani () • Bangladeshi ()

• Other Asian background () Please specify _____

C. Black • Caribbean ()

• African ()

• Other Black background () Please specify _____

D. Mixed • White & Black Caribbean ()

• White & Black African () • White & Asian ()

• Other mixed background () Please specify _____

E. Chinese ()

F. Any other Ethnic background () Please specify _____

Do you consider yourself to have a disability? YES/NO. If yes, please specify, and state if you have any particular needs in relation to your disability.

VOLUNTEER



REGISTRATION FORM

Charity Registration No.511619

CONFIDENTIAL INFORMATION: To be used for this purpose only

Please complete this form in BLOCK CAPITALS, mark the envelope CONFIDENTIAL

and return to: **Colleen Brown, Volunteer Co-ordinator,**

PERSONAL DETAILS:

Name _____ (Mr/Mrs/Ms/Miss/Other) _____

–

Preferred name (for badge) _____ Date of birth (if under 18) _____

Address _____

–

EXPERIENCE/QUALIFICATIONS:

Present
occupation _____

Last occupation if retired or unemployed _____

Qualifications _____

Do you possess a valid, full driving licence to drive in the UK? _____

Volunteering experience _____

HEALTH :

In order for us to consider and make any reasonable adjustments in relation to your volunteering..

Are you in good health? YES/NO

Are you registered disabled? YES/NO

() Back problems/arthritis

() Heart conditions

() Depression/nervous disorders

() Asthma/breathing problems

() High/low blood pressure

() Diabetes

() Poor hearing

() Epilepsy

() Impaired vision

() Taking regular medication

() Recent surgery

EMERGENCY CONTACT:

Name _____ Relationship _____

Address _____

Please use this space to give us more information about yourself, including any interests or hobbies

VOLUNTEERING FOR OVERGATE HOSPICE:

How did you hear about volunteering for Overgate? _____

Why would you like to volunteer? _____

Which of these volunteering opportunities interest you most? Tick all that apply and number your first three choices. There is no guarantee that there will be an available place.

- | | |
|--|--|
| <input type="checkbox"/> Administration | Charity shops: <input type="checkbox"/> Brighouse |
| <input type="checkbox"/> Befriending | <input type="checkbox"/> Brighouse furniture |
| <input type="checkbox"/> Complimentary Therapy | <input type="checkbox"/> Elland |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Halifax |
| <input type="checkbox"/> Day hospice driver | <input type="checkbox"/> Hebden Bridge |
| <input type="checkbox"/> Day hospice helper | <input type="checkbox"/> King Cross |
| <input type="checkbox"/> Fund raising /events | <input type="checkbox"/> Ovenden |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Sowerby Bridge |
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Todmorden |
| <input type="checkbox"/> In Patient Unit Support | <input type="checkbox"/> Car / van driver |
| <input type="checkbox"/> Kitchen | Friends Groups: <input type="checkbox"/> Brighouse |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Elland |
| <input type="checkbox"/> Pool | <input type="checkbox"/> Halifax |
| <input type="checkbox"/> Reception | <input type="checkbox"/> Sowerby Bridge |
| <input type="checkbox"/> Tea trolley | <input type="checkbox"/> Todmorden |

Please indicate your availability

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Would you also be interested in helping at one-off events e.g. bag packs at local supermarkets? YES/NO

REFEREES: I authorise Overgate Hospice to obtain 2 references to support this

application and release the company and referees from any liability caused by giving and receiving information about me. Relatives are not permitted to be referees.

Name (1) _____ (2) _____

Address _____

Postcode _____

Telephone _____

How are you known to them?

Criminal Convictions

Have you ever been convicted of a criminal offence **YES / NO**

If Yes – please give details on a separate piece of paper, placed in a sealed envelope and attach firmly to the application, wherein the following conditions will apply to this application:-

Your attention is drawn to the fact that under the Rehabilitation Of Offenders Act 1974 you may be entitled to answer ‘no’ to this question even if you have, in the past, been subjected to criminal proceedings resulting in conviction(s). However, certain types of employment are excluded, under the Rehabilitation of Offenders Act, 1974 (Exemption) Order, 1975 from the protection of the Act, it is therefore, suggested that you take appropriate advice if you are in any doubt as to the correct answer to give. If yes, details may be required from you in strictest confidence.

Please Note:-

- If you are successful in becoming a volunteer with Overgate Hospice, you will be required to undergo a Criminal Records Bureau Check (CRB).
- In order to comply with legislation, all volunteers will be required to attend training relevant to their role.

Declaration

I confirm that the information I have given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if accepted as a volunteer, dismissal. If my application is successful I agree to abide by the policies and procedures of the Hospice, and to attend any mandatory training as requested.

Signature.....

Date.....

Disclaimer – In accordance with the Data Protection Act 1998, I give my permission for this personal information to be stored and processed for the purposes of monitoring my volunteer role at Overgate Hospice, and for sensitive data to be stored and processed in connection with equal opportunities, health and safety reasons and compliance with the requirements of national standards.

FOR OFFICE USE ONLY :

CB/LD/09/10 Updated 01/11