

VOLUNTEER



Registered Charity Number 511619

Registration Form

CONFIDENTIAL INFORMATION: To be used for this purpose only
(If posting) Please complete this form in BLOCK CAPITALS, mark the envelope CONFIDENTIAL and return to:
Volunteer Services Coordinator, Overgate Hospice, 30 Hullen Edge Road, Elland HX5 0QY or email volunteering@overgatehospice.nhs.uk

Personal Details

Name: Preferred title:
Preferred Name (for badge): Date of Birth:
Address:
..... Post Code:
Telephone: Mobile:
Email: May we contact you by email? Yes No

By providing your email address you understand that we may email you regarding this and future Hospice volunteering, fundraising and developments. In order for us to communicate with you by email your name and email address will be passed to an external provider who will act on our behalf. No other details will be passed on and your information will not be used to contact you for any other purpose.

If you are related to a member of staff, director or other volunteer please give details:
.....

Experience, Skills & Qualifications

Present Occupation: Last Occupation:
(If retired or unemployed)
Skills:
Qualifications:

Do you possess a valid, full driving licence to drive in the UK? Yes No

Volunteering experience:
.....
.....

Volunteering for Overgate

How did you hear about volunteering for Overgate?
.....

Why would you like to volunteer?

.....
.....

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

.....
.....
.....

Health

In order for us to consider and make any reasonable adjustments in relation to your volunteering, please confirm:

Are you in good health? Yes No

- Back problems
- Arthritis
- Breathing problems
- Nervous disorder
- Impaired vision
- Recent surgery
- Other (please specify):

Are you registered disabled? Yes No

- Heart conditions
- Asthma
- Depression
- Poor hearing
- Diabetes
- Epilepsy
- Taking regular medication

Please detail how the above may affect your day to day activities/voluntary work:

.....

Are you currently receiving treatment from a doctor, consultant etc.? Yes No

Have you been prescribed medication on a regular basis? Yes No

Can you evacuate the building unaided in the event of an emergency? Yes No

If you have answered 'Yes' to either of these questions, please give more details:

.....

If you have experienced a close family bereavement in the last 2 years, please give details:

.....

Do you have any disability/limitations (Please select): Yes No

(Disability is legally defined as a 'physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities'. This can include 'hidden' conditions, epilepsy or diabetes.)

If yes please give brief details:

.....
.....

Emergency Contact

Name: Relationship:
Address:
..... Post code:
Telephone: Mobile:

Referees

Referees must have known you for at least one year and should not be a relative. 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.

Name of referee 1:
Address:
..... Post code:
Telephone:
Email:
How do you know the referee:
.....

Name of referee 2:
Address:
..... Post code:
Telephone:
Email:
How do you know the referee:
.....

Volunteering Roles

Please see the accompanying 'Opportunities for Volunteers' document for a list of current vacancies.

If you are interested in volunteering for a specific role/ in a specific area please write your preference/s here:
.....

Would you also be interested in being:

An event volunteer? Yes No

For example helping set up events; on a stall; marshalling/registering participants at events etc.?

On the Stalls Committee? Yes No

This includes identifying opportunities throughout Calderdale where we can have a stall and/or running the stall.

A member of one of our Friends Groups: Brighouse Elland Sowerby Bridge
Todmorden

Have you been vaccinated against Covid-19? Yes No

Date of 1st Injection: Date of 2nd Injection:
Date of Booster: Date of Flu jab:

Please indicate your availability

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Equal Opportunities Monitoring Form

In accordance with its Equal Opportunities Policy, the Hospice will provide equal opportunities to all employees and volunteers and will not discriminate either directly or indirectly because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race (including colour, nationality and ethnic or national origins), religion or belief, sex and/or sexual orientation.

In order to ensure compliance with its Equal Opportunities Policy, a system of monitoring has been set up. The data given on this form will be stored on computer.

You may decide not to answer one or any of the questions on this form but if you do respond, all information provided will be treated completely confidentially and will be used solely for the purpose of equal opportunities monitoring. Thank you for your assistance in completing this form.

Tick box where appropriate

Name:		D.O.B:
Gender:	Female	
	Male	
	Undergoing, or have undergone, male to female gender reassignment	
	Undergoing, or have undergone, female to male gender reassignment	
	Prefer not to say	
Marital status:	In a civil partnership	
	Living in a joint household	
	Married	
	Single	
	Widowed	
	Other (please specify):	
	Prefer not to say	
Sexual orientation:	Bisexual	
	Heterosexual	
	Homosexual	
	Transsexual	
	Lesbian	
	Prefer not to say	

Tick box where appropriate

Religion:	Buddhist		
	Christian		
	Hindu		
	Jewish		
	Muslim		
	Rastafarian		
	Sikh		
	None		
	Other religion (please specify):		
	Prefer not to say		
Race/colour nationality/ ethnic origin:	White	English	
		Irish	
		Scottish	
		Welsh	
		Other white background (please specify):	
	Mixed	White and Asian	
		White and Black African	
		White and Black British	
		White and Black Caribbean	
		Other mixed background (please specify):	
	Asian	Bangladeshi	
		British	
		Chinese	
		Indian	
		Pakistani	
		Other Asian background (please specify):	
	Black	African	
		British	
		Caribbean	
		Other black background (please specify):	
	Other ethnic group (please specify):		
	Prefer not to say		

For the purposes of the Data Protection Act 1998, I hereby confirm that by completing this form I give my consent to the Hospice processing the data supplied on this form for the purpose of equal opportunities monitoring.

Signed:

Date:

Do you speak any additional languages? If so, please state below:

.....

PLEASE COMPLETE

The role you are enquiring about may be subject to an Enhanced/standard Disclosure and Barring Service (DBS) check. You will be advised if this is the case during the interview for the role.

For all roles, please read the section below and complete as appropriate. Please note that the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (in Scotland, the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2003) provides that individuals who are involved with specific types of businesses are obliged on request to disclose any spent convictions or cautions and that they may be refused the opportunity to volunteer, because of such a conviction or caution, or because of a failure to disclose such a conviction or caution. If the organisation offering the voluntary work is able to ask volunteer applicants about both spent and unspent convictions or cautions and the individual would then be obliged to disclose them all.

Do you have any convictions, cautions, reprimands or final warnings that are not 'protected' as defined in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1998. (Please see www.legislation.gov.uk/uksi/2013/1198/pdfs/uksi_20131198_en.pdf for guidance or take appropriate advice when answering the question.) Yes No

(The amendment to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account.)

Do you have any convictions, cautions, reprimands or final warnings which would not be filtered in line with the current guidance? (Please see www.gov.uk/government/publications/dbs-filtering-guidance for information or take appropriate guidance when answering this question). Yes No

Do you give permission for us to take your photograph and use it for promotional, marketing, training or teaching purposes in the production of printed material, on the website or social media? (We may also send them to local and national media.) Yes No

PLEASE NOTE

In order to comply with legislations, 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. Your name and address will not be disclosed to any other organization. We would like to keep you updated about how your support helps Overgate Hospice. We will only contact you about our key achievements, events and how we are making a difference to the lives of local people with life limiting illnesses. We appreciate that some people may choose not to hear from us again. If this is the case, please tick here to opt out of all marketing communications by post from Overgate Hospice in the future.

You can change your emailing and mailing preferences at any time by emailing fundraising@overgatehospice.nhs.uk or calling **01422 387121**.

You can see our full privacy notice on our website www.overgatehospice.org.uk.

FOR OFFICE USE ONLY:

Date form received:

Date acknowledged:

Team Overgate Code of Conduct



Principles	Example Behaviours - 'I will...'
Be Respectful	<ul style="list-style-type: none"> • Treat everyone with courtesy and respect - be consistently friendly, welcoming and attentive, show kindness, compassion and empathy • Present a positive attitude and offer 'excellent service with a smile' • Anticipate, listen and respond to the needs of others • Treat others as they would wish to be treated • Respect diversity and value difference
Be Responsible	<ul style="list-style-type: none"> • Accept full responsibility for my words, behaviours, attitudes and actions • Recognise the impact of my decisions • Provide a service that I am proud of • Reflect Overgate's Vision and Values in all I do • Adhere to the confidentiality policy which includes information about patients, customers, staff, other volunteers, the organisation, shop and takings • Act as an ambassador for the organisation • Always give of my best • Dress appropriately and wear my Overgate badge
Be Accountable	<ul style="list-style-type: none"> • Act professionally and consistently at all times • Contribute to my team's collective responsibility • Identify and escalate risks • Add value to the organisation through what I do and how I behave • Be relied on to do a regular shift • Attend any training/team meetings as required • Follow health and safety guidelines
Be Courageous	<ul style="list-style-type: none"> • Support new ways of working • Offer positive challenge to what we do and how we do it • Seek out and give constructive feedback • Participate in and contribute to frank and honest discussions • Acknowledge and address my development needs • Look for innovative solutions
Be Inspirational	<ul style="list-style-type: none"> • Look for and get involved in opportunities that improve services • Develop myself and my colleagues • Motivate, encourage, and support others • Demonstrate the passion and energy I have for my work • Listen to understand - show genuine concern for others • Act with integrity – lead by example and walk the talk • Act consistently
Be Positive	<ul style="list-style-type: none"> • Promote a learning culture not a blame culture at every level • Demonstrate a can-do attitude – 'how can we make this work?' • Identify problems and focus on solutions • Embrace, promote and support change • Keep the 'big picture' in mind • Demonstrate resilience in difficult times
Be a Team Player	<ul style="list-style-type: none"> • Share my ideas, skills and knowledge with others • Recognise, celebrate and share success with my team and the organisation • Work collaboratively and positively with others to get the job done • Seek to build and nurture new relationships • Recognise and value everyone's contribution • Remember we are all working together for the benefit of our patients, community and organisation

Print name:

Signed: Date: