

## 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 (1): .....	Name (2): .....
Address: .....	Address: .....
..... Postcode: .....	..... Postcode: .....
Telephone: .....	Telephone: .....
Email: .....	Email: .....
How do you know the referee? .....	How do you know the referee? .....

### PLEASE COMPLETE THE BELOW:

The role you are enquiring about may be subject to an Enhanced 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 certain 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 [http://www.legislation.gov.uk/uksi/2013/1198/pdfs/uksi\\_20131198\\_en.pdf](http://www.legislation.gov.uk/uksi/2013/1198/pdfs/uksi_20131198_en.pdf) for guidance or take appropriate advice when answering the question). **YES/ NO**

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](http://www.gov.uk/government/publications/dbs-filtering-guidance) for information or take appropriate guidance when answering this question). **YES/ NO**

### PLEASE NOTE:

**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. Your name and address will not be disclosed to any other organisation but we may, from time to time, send you news about Overgate Hospice and information about events. If you would prefer not to receive this, please call our Fundraising Data Administrator on 01422 387121.

**FOR OFFICE USE ONLY:**

Updated 04/17

DATES: FORM RECEIVED: .....

ACKNOWLEDGED: .....

# 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:  
**Volunteer Services Co-ordinator, Overgate Hospice, 30 Hullen Edge Road, Elland, HX5 0QY**

## PERSONAL DETAILS:

Name: ..... (Mr/Mrs/Ms/Miss/Other): .....

Preferred name (for badge): ..... Date of birth: .....

Address for communication: .....

..... Postcode: .....

Telephone: ..... Mobile: .....

Email: ..... May we contact you by email? YES/NO

Please state if you are related to a member of staff, director, or other volunteer & give details: .....

## 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: .....

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## 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
<input type="checkbox"/> Back problems/arthritis	<input type="checkbox"/> Heart conditions
<input type="checkbox"/> Depression/nervous disorders	<input type="checkbox"/> Asthma/breathing problems
<input type="checkbox"/> High/low blood pressure	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Poor hearing	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Impaired vision	<input type="checkbox"/> Taking regular medication
<input type="checkbox"/> Recent surgery	

Details of above that may affect your day to day activities/voluntary work: .....

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

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## EMERGENCY CONTACT:

Name: ..... Relationship: .....

Address: .....

Postcode: .....

Telephone: ..... Mobile: .....

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

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## VOLUNTEERING FOR OVERGATE:

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.

Administration	Charity Shops
<input type="checkbox"/> Day Hospice	<input type="checkbox"/> Brighthouse / Designer Shops
<input type="checkbox"/> Finance	<input type="checkbox"/> Brighthouse Furniture Shop
<input type="checkbox"/> HR	<input type="checkbox"/> Brighthouse Furniture Shop Driver/Drivers Mate (*)
<input type="checkbox"/> Collecting patient/carer feedback	<input type="checkbox"/> Elland Shop
<input type="checkbox"/> Retail	<input type="checkbox"/> Halifax Shop
<input type="checkbox"/> Volunteering	<input type="checkbox"/> Hebden Bridge Shop
<input type="checkbox"/> Chaplaincy	<input type="checkbox"/> Hebden Bridge Furniture Shop
<b>Other</b>	<input type="checkbox"/> HB Furniture Shop Driver/Drivers Mate (*)
<input type="checkbox"/> Complementary Therapy	<input type="checkbox"/> King Cross Shop
<input type="checkbox"/> Crafts	<input type="checkbox"/> Ovenden Shop
<input type="checkbox"/> Day Hospice Driver	<input type="checkbox"/> Sowerby Bridge Shop
<input type="checkbox"/> Day Hospice Helper	<input type="checkbox"/> Todmorden Shop
<input type="checkbox"/> Fundraising	<input type="checkbox"/> West Vale shop
<input type="checkbox"/> Gardening	<input type="checkbox"/> Car/ van driver for Fundraising Team (*)
<input type="checkbox"/> Housekeeping	
<input type="checkbox"/> Inpatient Unit Support / Tea Trolley	
<input type="checkbox"/> Kitchen	
<input type="checkbox"/> Maintenance	
<input type="checkbox"/> Reception	

(\* Please note, the role of van driver & drivers mate involves lifting & carrying so is a very physical role

Would you also be interested in helping at one-off fundraising events? For example helping on a stall, marshaling/ registration at an event, bag packs etc. **YES / NO**

Would you be interested in joining a Stalls Committee? This includes identifying opportunities throughout Calderdale where we can have a stall and/or running the stall. **YES / NO**

Would you be interested in joining a Patient Stories Committee? This includes collecting experiences from our patients and their loved ones. **YES / NO**

Friends Groups:  Brighthouse  Elland  Sowerby Bridge  Todmorden

## PLEASE INDICATE YOUR AVAILABILITY:

	Morning:	Afternoon:	Evening:
<b>MONDAY:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TUESDAY:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>WEDNESDAY:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>THURSDAY:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>FRIDAY:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>SATURDAY:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>SUNDAY:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>