

Volunteer Enrolment Form

Volunteer role applied for:

About you:

Your details		Emergency Contact Details	
Title: :		Title:	
Name:		Name:	
Address:		Address:	
Postcode:		Postcode:	
Telephone:		Telephone:	
Email:		Relationship to applicant:	
Date of birth: (for insurance)			

Do you have any medical conditions that we should be aware of? No Yes

If yes, please provide further information:

Why have you chosen to give your time to The Hospice Charity Partnership in this particular role?

How did you find out about this opportunity?

Have you experienced any deaths in your family or someone close to you in the past 2 years?

No Yes Relationship:

As a Café Volunteer, we ask that you commit to supporting this role on a long-term basis. Your dedication helps us maintain a welcoming and consistent service for our community.

Please confirm that you are able to provide this ongoing commitment by completing the days and times that you would be available to volunteer

Your availability

Please tick the days and times that you would be available to volunteer:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							

Please tell us about your skills, experience, and interests, including any that show your ability to interact warmly with customers and create a welcoming atmosphere in the café and what interests you about this role

References

Two written references are required to support your voluntary application. The names given should be able to testify to your suitability as a volunteer. They should be someone you have known for over 12 months, eg past or present employer, a friend or neighbour, but must not be a relative or member of Hospice staff.

Referee 1		Referee 2	
Name:		Name:	
Relationship to you:		Relationship to you:	
Address:		Address:	
(including post code):		(including post code):	
Contact Number:		Contact Number:	
Email address:		Email address:	
How long have you known this person?		How long have you known this person?	

Your Nationality and Immigration Status

Are you a United Kingdom (UK) national?

Yes No (please complete the section below)

If no, not all visas allow you to volunteer. Please supply details of any visa currently held, including number, start/expiry date and details of any restrictions. Please confirm that the visa allows you to volunteer:

Do you have settled or pre-settled status (evidence will be required after 30th June 2021):

Yes No

Are you a refugee? (no evidence required)

Yes No If yes, please state country of origin:

Are you an asylum seeker? (no evidence required)

Yes No If yes, please state country of origin:

Rehabilitation of Offenders Act 1974

Have you ever been convicted of any criminal offence?

Yes No If yes, please provide details:

Previous convictions will not necessarily prevent you from becoming a volunteer. Any information provided will be kept completely confidential.

General Data Protection Regulation

The information you provide on this form will be used and stored for the purposes of making decisions about your volunteering placement. If you are successful, the information provided will be stored confidentially (electronic and hard copy) by the People Department. It will be held for the duration of your volunteering placement and 6 years thereafter electronically. If you are unsuccessful in your application, we will destroy your application 6 months from the date the decision is made about the role.

Declaration

I confirm to the best of my knowledge that the information I have given on the enrolment form is true and correct. I understand that any false information given on this form may lead to any offer of volunteer work being withdrawn.

Signed:

Date:

Print Name: