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| **Volunteer Application Form** | | | |
| **Please let us know which role you would like to be considered for** (current opportunities are posted on our website [www.stwhospice.org](http://www.stwhospice.org)). | | | |
| Volunteer Role: | Volunteering Location: | | |
| **Your Details:** | | | |
| Title: Name: | Telephone | | |
| Address: | Mobile: : | | |
| Email: | | |
| Postcode: | DOB: | | |
| **Emergency Contact Details:** | | | |
| Name: | Relationship: | | |
| Address: | Telephone: | | |
| Mobile: | | |
| Postcode |
|  | | | |
| **Why do you want to volunteer with St Wilfrid’s?** | | | |
| **About you:** Please give a brief description of any skills, experiences or interests you have that might be useful in this role. This can be work and training related, from previous volunteering roles or any personal experiences you have had. | | | |
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| **If you are unsure of the role would like to apply for please tick all the areas you would consider :** | | | |
| * Any * Shop –customer facing * Donation centre * Van * Clinical/skilled support   Other: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | * Behind the scenes * Patient facing * Admin * Online * Community | |
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| **Data Protection**  Information provided on this application form will be used in full compliance with the General Data Protection Regulation 2018 (GDPR) for recruitment purposes and stored on our supporter database. Information on applicants who do not continue to volunteer will be destroyed within one year. Where applicants actively begin a volunteering role, information provided in this form will be used for communication purposes. The information will not be disclosed to third parties unless there is a legal requirement to do so.  **Convictions**  If you become a volunteer, St Wilfrid’s Hospice may require clearance via the Disclosure and Barring Service (DBS) dependent on the role you are applying for. Whilst volunteering, volunteers are required to disclose any new convictions as soon as possible to voluntary services.  **Declaration**  I understand that I shall receive no monetary payment or goods in exchange for volunteering. I will l observe strict confidentiality as to the affairs of St Wilfrid's Hospice.  I declare that the information given on this form is correct. I understand that if offered a voluntary role, providing false or misleading information or deliberate omissions will be regarded as grounds for dismissal.  I declare that the information I have given is to the best of my knowledge true and complete. I acknowledge that a voluntary position, if offered, will be subject to satisfactory references  I hereby give my consent to St Wilfrid’s Hospice processing the data supplied in this application form for the purposes of recruitment and deployment and ongoing communication about my volunteering.  Signed: :  ……………………………………………………………….…………………………………  Date: ………………………….……………………..…………….  **(for electronic submissions please print name)** | | |

**Hospice roles** please return your completed form to Voluntary Services at St Wilfrid’s Hospice via **e-mail** [vsteam@stwhospice.org](mailto:vsteam@stwhospice.org) or **post** 1 Broadwater Way, Eastbourne, BN22 9PZ

**Retail roles** please hand your completed application form to the retail location where you would like to be based.

**If you have any questions please call the voluntary services team on Tel no: 01323 434205**