**YOUNG WARD VOLUNTEER APPLICATION FORM**

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| **Volunteer role applied for** | **Young ward volunteer** |

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| **Personal details** | |
| **Title** | Mr, Ms, Miss, other *(please state):* |
| **Full name** |  |
| **Email address** |  |
| **Phone number** |  |
| **Home address** |  |
| **Postcode** |  |

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| **Current School / College details** |  |
| **Name:** |  |
| **Head Teacher:** |  |
| **Contact telephone number:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Email address:** |  |
| **Key contact:** |  |

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| **Which days are you interested in volunteering for a 4pm to 8pm shift?** | | | | | | | | | |  |
| **Your availability** | **Mon** | **Tues** | **Wed** | **Thur** | **Fri** | | **Sat** | **Sun** | **varies** | |
| **Please tell us why you would like to be a Young Ward Volunteer at Greenwich and Bexley Community Hospice.** | | | | | | | | | | |
| **What subjects are you studying and what are your academic and career ambitions for the future?**  **Why do you think you would be a good Young Ward Volunteer? Please refer to the Role Description when answering this question.** | | | | | | | | | | |
| **Do you have personal experience of bereavement? If yes, please**  **provide details of how long ago and the relationship to you.** | | | | | | Yes  No | | | | |
| **Do you have any links to the second-hand trade?** | | | | | | Yes  No | | | | |

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| **How did you hear about this volunteering opportunity?** | | | |
| **Hospice website** |  | **External advertising** |  |
| **Through school/college** |  | **Other (please specify)** |  |
| **Community Centre** |  |  |  |

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| **Have you ever, or do you currently do, any volunteering? If so please provide details.** |

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| **Criminal record disclosure**  *Any information given will be confidential and will not necessarily disqualify you from voluntary work but will be taken into account when assessing your suitability.*  *Having a criminal record will not automatically bar you from volunteering with us – depending on the circumstances and following discussion with you.*  *Volunteers at the Hospice are exempt from the provision of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act (Exceptions) Order 1975.* | |
| Do you have any unspent conditional cautions or convictions under the Rehabilitation of Offenders Act 1974 | Yes  No |
| Do you have any adult cautions (simple or conditional) or spent convictions that are not protected as defined by the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975 (Amendment) (England and Wales) Order 2020 | Yes  No |
| **If yes, please give details:** | |
| It is Hospice policy to obtain a Disclosure Barring Service (DBS) report for all volunteers who would have direct contact with vulnerable adults and / or children | |

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| **Health Declaration – CONFIDENTIAL** | |
| Do you have a health condition (physical or mental), or are you on any medication, which may affect your ability to carry out your voluntary role at Greenwich & Bexley Community Hospice?  It will not prevent you from volunteering if you answer yes – we will have a conversation with you to ensure that we keep you and others safe whilst you are volunteering with us. | Yes  No |
| **If yes, please give details:**  *We may ask you to contact your GP Surgery for a letter confirming that you are fit to undertake the tasks within your volunteer role description. To ensure your safety and that of others, we are not able to offer you a start date until we are satisfied that you are medically fit to undertake this role.* | |
| If there are changes to your health that may affect your ability to volunteer please inform the Hospice immediately. Failing to provide this information may invalidate any insurance cover that is provided for you by Greenwich & Bexley Community Hospice. | |

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| **Right to volunteer in the UK** | |
| **Do you have the right to volunteer in the UK?** | Yes  No |
| If you are from outside the EU, please check your Visa | |

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| **General declaration** |
| I confirm that to the best of my knowledge all the information I have given is true and I understand that any false statement or failure to declare any relevant information may result in my volunteer role with the Hospice being discontinued. I give consent for my personal information to be processed in relation to my application in line with the General Data Protection Regulations 2018. I understand the information given in this form will only be used by Greenwich & Bexley Community Hospice in relation to my application and if unsuccessful, I accept that my details will be retained by Greenwich & Bexley Community Hospice for a period of six months. By agreeing to this declaration I am giving my express consent for you to retain and process this information under the General Data Protection Regulations 2018.  If you agree with the above statements, tick here:    Signature: ………………………………….……………………………. Date: ……………………… |
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| **Volunteers on Benefits**  If you are intending to volunteer while you are also receiving Benefits of any kind, including Job Seekers’ Allowance, you are advised to inform your Benefits Office Advisor, who will be able to inform you of current rules. |

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| **References**  *Please give the contact details of two UK-based referees who:*   * *are not members of your own family* * *have known you for at least two years* * *are in a position to comment on your reliability, trustworthiness and suitability for your volunteer role*   *A referee might be an employer, colleague, teacher or neighbour etc. Referees based outside the UK will only be accepted with their email address*  **One reference must be from a teacher at your school/college.**  **It is worth checking with your referees that they are willing to act as a referee and that we will be contacting them to ask for a reference** | |
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| **Referee 1** | |
| Title | Mr, Mrs, Ms, Miss, Dr, other *(please state)* |
| Name |  |
| Address |  |
| Postcode |  |
| Contact telephone number |  |
| Email address |  |
| In what capacity do you know this referee? |  |
| **Referee 2** | |
| Title | Mr, Mrs, Ms, Miss, Dr, other *(please state)* |
| Name |  |
| Address |  |
| Postcode |  |
| Contact telephone number |  |
| Email address |  |
| In what capacity do you know this referee? |  |

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| **Emergency contact**  *This information will be held on your personal file in the Volunteers’ Department and used in only in an emergency. Please inform the Volunteers’ Department of any changes to your emergency contact’s details as soon as they arise.* | | |
| **Title** | Mr, Mrs, Ms, Miss, Dr, other *(please state)* | |
| **Name** |  | |
| **Relationship to you** |  | |
| **Address** |  | |
| **Postcode** |  | |
| **Phone number** | **Home** |  |
| **Work** |  |
| **Mobile** |  |

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| **EQUAL OPPORTUNITIES MONITORING**  *This information is used only for the purposes of ensuring the effectiveness of the Hospice’s Equal Opportunities Policy, a copy of which is available on request. This information is confidential and will be kept on our computer database. It does not form part of the recruitment process.* | |
| **Date of birth** |  |
| **Nationality** |  |
| **Gender** | Male (including transgender men)  Female (including transgender female)  Other:  Prefer not to say |
| **Is your declared gender the same as your sex assigned at birth?** | Yes  No |
| **How would you define your sexual orientation?** | Bisexual  Gay/Lesbian  Heterosexual / Straight  Don’t know  Prefer not to say  Other: |
| **How would you describe yourself?**  *The following categories of ethnic origin are recommended by the Commission for Racial Equality as the most appropriate for monitoring the UK. We recognise that specific categories may not be appropriate for everyone. If this is the case, please tick ‘other ethnic group’ below* | |
| **White** | British*(English, Scottish or Welsh),*  Irish  Any other White background *(please state):* |
| **Mixed Race** | White & Black Caribbean,  White & Black African,  White & Asian  Any other mixed background *(please state)* |
| **Asian or Asian British** | Indian,  Pakistani,  Bangladeshi  Any other Asian background *(please state)* |
| **Black or Black British** | Caribbean,  African  Any other Black background *(please state)* |
| **Chinese or other ethnic group** | *(please state):* |
| **Do you consider yourself to have a disability / impairment?** | Yes  No |

Please return completed application to: [youngvolunteers@gbch.org.uk](mailto:youngvolunteers@gbch.org.uk)

**Greenwich and Bexley Community Hospice**

**185 Bostall Hill, Abbey Wood, London, SE2 0GB**