

APPLICATION TO BECOME A VOLUNTEER

PRIVATE AND CONFIDENTIAL



Registered Charity Number: 1120193
Company Number: 6278709

**If you have any difficulty in completing this form,
or require the form to be provided in a different format,
please call Human Resources on 01202 708470.**

Please return completed application form to:	By post to:	Human Resources Lewis-Manning Trust 1 Crichel Mount Road Lilliput, Poole BH14 8LT
	Or by email to:	hr@lewis-manning.co.uk

PERSONAL DETAILS

Title	Dr	Mr	Mrs	Miss	Ms	Other:
Surname						
Forename(s)						
Address						
Town						
County						
Post code						
Telephone	Home					
	Work					
	Mobile					
Email address						
Date of birth (required for insurance purposes)						

NEXT OF KIN

Title	Dr	Mr	Mrs	Miss	Ms	Other:
Surname						
Forename(s)						
Contact telephone no:						

GENERAL INFORMATION

How / where did you hear about working at Lewis-Manning Trust as a volunteer?			
What attracted you to become a volunteer at Lewis-Manning Trust?			
Are you presently in paid employment?	YES		NO
Please give brief details of your present employment / previous employment and any qualifications:			

VOLUNTEERING EXPERIENCE

Are you or have you previously been a volunteer for another organisation?	YES		NO	
If yes, please provide brief details:				
Do you have any special skills e.g. office / administration skills, craftwork and / or arranging flowers?	YES		NO	
Have you previous fundraising experience?	YES		NO	

Have you any retail trade experience?	YES		NO	
Would you be willing to give a short talk on holidays, hobbies etc. to our day patients?	YES		NO	
Please detail any relevant skills / experience / qualifications:				
Do you hold a Food Safety Certificate?	YES		NO	

ROLES

Please indicate, by ticking the relevant boxes, in which areas of Lewis-Manning Trust you would be willing to volunteer (see enclosed information for further details):							
HOSPICE							
Day Hospice		Gardening/odd jobs		Reception/administrative		Driving Patients*	
Complementary therapies		Hairdressing		In-Patient Unit			
FUNDRAISING							
Events		Collections		Counting money/admin			
SHOPS							
Ashley Cross		Westbourne		Ferndown		Wimborne	
Blandford		Van Driver		Driver's Assistant			
Please state your availability:							
Flexible		Available at short notice		Weekday (am)		Weekday (pm)	
Weekend (am)		Weekend (pm)					
When are you NOT available?							
* Volunteer Drivers – please complete Page 4							
(Volunteer drivers will be asked to complete a medical questionnaire for confidential review by the Occupational Health Advisor)							

MEDICAL DETAILS

We rely on our volunteers to make sure they are medically fit to fulfil their duties (eg 4 hour duty including standing / walking and, if applicable, to undertake driving duties) – please check with your doctor if in any doubt.

Are you in good health?	YES		NO	
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If no, please provide details if your health would affect your voluntary work:

Are you able to fulfil a shift which may mean you are on your feet for 2-4 hours?	YES		NO	
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Have you suffered a significant bereavement within the last two years	YES		NO	
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If yes, please confirm relationship and how long ago:

Please use this space for any additional information you may wish to give

REFEREES

Please give the names and addresses of two people who know you well (not relations / spouses), whom we may approach for a reference. Please use **BLOCK CAPITALS**.

REFERENCE 1

Name of referee										
Address										
Town										
County										
Post code										
Telephone number										
Email address										
Relationship to applicant										

REFERENCE 2	
Name of referee	
Address	
Town	
County	
Post code	<input type="text"/>
Telephone number	
Email address	
Relationship to applicant	

GENERAL DATA PROTECTION REGULATION (GDPR) 2018

We are legally obliged to hold certain information about you, such as address details, next of kin, age and hours of work. We promise your personal information will only be used by Lewis-Manning Trust and will not be passed on to any other organisations without your consent. You are entitled to see any information we hold about you.

REHABILITATION OF OFFENDERS ACT 1974

Due to the nature of our work, we are exempt from the 1974 Rehabilitation of Offenders Act and you are, therefore, required to declare whether you have any criminal convictions. Your declarations will be treated in strict confidence and will be considered only in relation to this application.

DISCLOSURE AND BARRING SERVICE (DBS)

As part of our compliance procedures, volunteers will be subject to a disclosure and barring service (DBS) check. More information regarding the check can be found by telephoning 03000 200 190 or visiting customerservices@dbs.gsi.gov.uk. The procedure will be explained in more detail when we meet you.

CONFIDENTIALITY

Whilst working for Lewis-Manning Trust as a volunteer you may see and hear things of a confidential nature. Volunteers are required to sign a confidentiality statement not to divulge confidential information about the Hospice and its patients.

POLICIES AND PROCEDURES

Volunteers are expected to make themselves aware of all relevant policies and procedures which are available in the Learning Resources Room, as well as on the shared 'M' drive under Policies.

HEALTH & SAFETY

All volunteers are subject to an induction and training period. Volunteers are required to attend mandatory training.

Lewis-Manning Trust would like to keep you up to date with events and activities. However, if you would prefer not to hear from us, please tick the box.

DECLARATION

I declare that I have read all the above notes and that the information on this form is true and complete to the best of my knowledge and belief.

Signature

Date

We look forward to receiving this completed application form from you soon!

Please return it to Human Resources at the address at the top of page 1. We will acknowledge receipt as soon as possible.

THANK YOU FOR APPLYING TO LEWIS-MANNING TRUST AS A VOLUNTEER!