

Office Use Only	Date Received
Reference 1	
Reference 2	

[eandlhospiscare@btconnect.com](mailto:eandlhospiscare@btconnect.com)

## Volunteering application

### Personal details

Preferred Title:

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Surname:

First name:  
(underline preference)

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Address:

Telephone work (used with discretion):

Home:  
Mobile:

Post code:

Email:

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Contact name (In case of emergency):

Tel:

Address:

Post code:

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How did you hear about Hospiscare?

## Referees

Because of the sensitive nature of the work we do, we feel it is appropriate to ask volunteers to supply references.

Please supply names and addresses of 2 independent people who have known you for at least 2 years who would be willing to provide you with a reference (not a close family member).

### Reference 1

Name:

Address:

Post code:

Telephone numbers:

How long have they known you?

In what capacity?

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### Reference 2

Name:

Address:

Post code:

Telephone numbers:

How long have they known you?

In what capacity?

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## Other information

Briefly state your reasons for applying to be a Hospiscare volunteer and outline any past experience that is relevant (please continue on the back sheet if appropriate):

## Data protection act 1998

Your personal data will be held in secure conditions for 12 months if you are unsuccessful. If you are successful, the data will be held in the volunteering office. Access will be restricted to those who need it in connection with dealing with your application.

The ethnic monitoring questionnaire is used for monitoring the selection process only. If you do not wish to have these details recorded please return the form uncompleted.

Please sign below to confirm that you give your consent to the use of your personal data in the ways described above and that the information you have given is to the best of your knowledge and belief, true and complete.

If you give any information which you know is false, or you withhold any relevant information, this may lead to your application being rejected or, if you have already been appointed, to your dismissal.

Signed:..... Date:.....

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## Disability

Section One of the Disability Discrimination Act (DDA) defines a person as having a disability if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. It is not necessary, therefore, to be registered as a disabled person.

Do you consider yourself to have a disability?  Yes  No  
If yes, please describe the nature of your disability:

If yes, please tell us below what reasonable adjustment(s) you would require to the workplace to perform the job effectively and let us know if you have any special requirements with regards to the assessment process:

.....  
.....

## Declaration

"I confirm that the information I have given on this form is correct and complete, and that misleading statements may be sufficient for cancelling any agreements made. I understand that, in the event of my being accepted for voluntary work with Hospiscare, I will be required to make a confidential declaration in respect of my state of health. Because of the sensitive nature of the duties involved, this voluntary work is exempt from the Rehabilitation of Offenders Act 1974 therefore I also understand that the declaration will include details of criminal convictions, cautions, reprimands and final warnings and any other information that may have a bearing on my suitability for voluntary work. I understand too that an Enhanced Disclosure will be sought in the event of acceptance for voluntary work."

Signature:..... Date: .....

Only relevant convictions and other information will be taken into account so disclosure need not necessarily be a bar to obtaining voluntary work.

**Thank you for your application**

**Please return this form to Lynne Elson, Exmouth & Lympstone Hospiscare, Highview Gardens, Exmouth EX8 3JA or by email to eandlhospiscare@btconnect.com.**

**Other information** (continuation of supporting statement if required):