

Volunteer Application Form



Your Personal Details

Title:	Full Name:	Preferred Name:
Address:		
Postcode:		
Home Telephone:	Mobile Telephone:	
Email Address:		
<p>Are you under 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide your date of birth: _____</p> <p><i>Please note that if you are aged 16 – 17, parental consent will be required for your volunteering. We will be in touch with further information</i></p>		

Your Volunteering

Why would you like to give your time to The Myton Hospices?

What volunteer role would you like to apply for? *(please refer to current volunteering opportunities list)*

Warwick Myton Hospice Coventry Myton Hospice Rugby Myton Hospice

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

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Have you experienced a bereavement of someone close to you within the last 12 months?
 Yes No Relationship: _____

If you have experienced a recent bereavement, this will be discussed with you in more detail at a volunteering interview



The time that you give as a volunteer will make a huge difference...



Your Skills & Experience

Please give us details of the skills and experience you have that are relevant to the volunteer role you are applying for:

Your Referees

Two written references are required to support your volunteer application. Please provide details of two people we can contact to testify to your suitability as a volunteer in a hospice environment. They should be someone you have known for over 12 months e.g. a friend, neighbour, past or present employer, but must not be a relative:

	Referee 1	Referee 2
Name		
Relationship To You		
Email Address <i>(this would be our preferred method of contact)</i>		
Postal Address		
How long have you known this person?		



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Additional Information

Nationality & Immigration Status:

Are you a United Kingdom (UK), European Community (EC), or European Economic Area (EEA) national?

Yes No If no, please state the category of visa you hold _____

This may not preclude you from volunteering, but we need to be aware of your resident status. We may be in touch to ask you for further details of your nationality and immigration status

Rehabilitation of Offenders Act 1974:

Do you have any unspent criminal convictions?

Yes No If yes, please provide details _____

Having a conviction will not necessarily prevent you from becoming a volunteer, but will need to be taken into consideration when assessing your suitability to volunteer with us

Data Protection

(please tick) The contact details you have provided will be used in relation to your volunteering application and to ensure that we can keep you up to date with information that is related to your volunteering with us. All of this information is stored securely on our database and will only be used in relation to your volunteering.

What is your preferred method of communication when we are contacting you about matters relating to your volunteering? (please tick your preference)

By email – Yes No By post – Yes No By phone – Yes No

In addition, we would like to keep in touch with you about our vital work and update you on our news and fundraising activities. Please tell us if you would be happy for us to contact you:

If you would like to opt in, what is your preferred method of communication when we are contacting you about Myton news and fundraising activities: (please tick your preference)

By email – Yes No By post – Yes No By phone – Yes No

If you would like to opt out completely of these general updates about Myton news and fundraising communications, please indicate by marking this box

We promise to do our best to keep your details safe and secure, and will only process your data in accordance with the current Data Protection legislation. We will only communicate with you in the way(s) that you have agreed to above. If you change your mind about hearing from us, please contact the Volunteering Development Team by email Volunteering.Dept@mytonhospice.org or call 01926 838 836 to amend your preferences. For further details on how your data is stored please visit: www.mytonhospice.org/privacy-policy

Declaration

I confirm to the best of my knowledge that the information I have given on this application 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 or my voluntary placement being terminated.

Signed:

Date:

Please return your completed form to the Volunteering Development Department, The Myton Hospices, Myton Lane, Myton Road, Warwick, CV34 6PX or via email to Volunteering.Dept@mytonhospice.org We will then be in touch to discuss the next steps of your application



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