



Care for the child,
support for the family

VOLUNTEER APPLICATION FORM

(PLEASE USE BLOCK CAPITALS)

FIRST NAMES - _____
I prefer to be known as - _____
SURNAME: _____ (DR/REV/MR/MRS/MS/MISS)

ADDRESS: _____
_____ Post Code _____
TEL.NO: Daytime _____ Evening _____
Mobile _____
E-Mail Addresses (please list ALL e-mail addresses)

NEXT OF KIN/EMERGENCY CONTACT DETAILS
NAME: _____
TEL.NO: Daytime _____ Evening _____
Mobile _____
RELATIONSHIP: _____

PRESENT SITUATION: e.g. paid work, studying, retired, other

AVAILABILITY: _____

SKILLS & EXPERIENCE: (any paid or voluntary work you have had)

WHAT DO YOU LIKE TO DO IN YOU SPARE TIME?

HOW DID YOU HEAR ABOUT ACORNS?

PLEASE STATE YOUR REASONS FOR WANTING TO BE A VOLUNTEER

**PLEASE GIVE THE NAME OF TWO REFEREES – PLEASE NOTE:
AT LEAST ONE REFEREE SHOULD BE YOUR MOST CURRENT OR
RECENT EMPLOYER, OR IF STUDYING, YOUR TUTOR. WE CANNOT
ACCEPT A RELATIVE OR PARTNER AS A REFEREE**

In addition to securing a written reference we may also phone referees.

NAME:

ADDRESS:

POSTCODE: _____ TEL. NO. _____

RELATIONSHIP:

NAME:

ADDRESS:

POSTCODE: _____ TEL.NO. _____

RELATIONSHIP:

CRIMINAL CONVICTION DETAILS

Because of the nature of the role(s) for which you are applying, the post is exempt from the Rehabilitation of Offenders legislation. You must declare any cautions, convictions or reprimands and tell us if there are any outstanding proceedings against you. Failure to disclose such convictions could result in dismissal from your voluntary role. Any information given will be completely confidential and will be considered only in relevance to an application for positions to which the Rehabilitation Offenders Act 1974 (Exceptions) Order 1975 applies.

Details of declaration of criminal record.....
.....
.....
.....

Acorns Children’s Hospice Trust uses the Criminal Records Bureau Disclosure service to help assess an applicants suitability to work involving contact with children and young people. A Disclosure (police check) will be requested in the event of a successful application for any volunteers/staff who have contact with the hospice.

Declaration: I declare that all information given by me in respect of this application is correct. Any false statement may be sufficient cause for refusal, or ending of any volunteer involvement.

Signed : _____

Date: _____

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL

VOLUNTEER AGREEMENT

Volunteers are an integral and valued part of Acorns Children's Hospice. We hope that you enjoy volunteering with us and feel part of our team.

This agreement outlines what you can expect from us and what we hope from you. We aim to be flexible and are always happy to discuss your individual situation/needs.

As a Volunteer with Acorns Children's Hospice you can expect:

- To be involved with an organisation that is dedicated to meeting the needs of our children, young people and families
- To be treated fairly, respectfully and with courtesy, actively encouraging a pleasant and friendly atmosphere
- To be introduced to how the organisation works, your role in it and to provide training as required
- A supportive and positive environment that ensures you enjoy your volunteering
- A named contact for support
- To consult with you and keep you informed of possible changes
- Recognition and thanks
- Adequate Public Liability Insurance
- To respect your right to privacy
- To implement good health and safety practices
- To be reimbursed for any reasonable out of pocket expenses as agreed in the course of your volunteering
- To apply our complaints procedure if there is need

In return we ask you:

- Support our aims and objectives
- Remember that you are a representative of Acorns Children's Hospice
- To be open and honest in your dealings with us
- To maintain up to date records, informing us of any changes
- To sign up to the DBS online update service and allow us to keep a copy of your certificate to check for updates as required
- Treat fellow volunteers and staff fairly, respectfully and with courtesy, actively encouraging a pleasant and friendly atmosphere
- To follow Acorns Children's Hospice policies and procedures, including health and safety & fire.
- To be aware of and adhere to Acorns Children's Hospice policies on safeguarding, diversity and confidentiality
- To let us know if you wish to change the nature of your contribution
- To volunteer to the best of your ability and to give as much warning as possible whenever you cannot attend

The logo for Acorns Children's Hospice, featuring the word "acorns" in a bold, orange, sans-serif font. The letter "o" is stylized with a circular graphic element inside it, resembling an acorn or a globe.

*Care for the child,
support for the family*

Acorns in the Black Country
Walstead Road
Walsall
WS5 4LZ

Acorns in Birmingham
103 Oak Tree Lane
Selly Oak
Birmingham
B29 6HZ

Acorns for the Three Counties
350 Bath Road
Worcester
WR5 3EZ