



## Cumbria's Children's Hospice

Durdar Road, Carlisle CA2 4SD - Telephone: 01228 817658

## **Volunteers Application Form**

Thank you for your interest in Volunteering. Please complete in black ink and return to the Volunteer Services Manager at the address shown above, marked Private & Confidential.

Title: Mr/Mrs/Miss/Ms	Forenames:	Surname:	
Full Address:			
		Postcode:	
Home Tel. No:		Daytime Tel. No:	
Email address:		Mobile Tel. No:	
Date of Birth:			
most Monday mornings and a		be available to help and how often you could help aturdays). If successful we will work out your volu en you might be available.	
most Monday mornings and a	ll day Wednesdays and some Sa	aturdays). If successful we will work out your volu	
most Monday mornings and a	ıll day Wednesdays and some Sa n is just to give us some idea wh	aturdays). If successful we will work out your volu	nteerin
most Monday mornings and a nours to suit you; this section  — Area of Interest —	all day Wednesdays and some Sa n is just to give us some idea wh	aturdays). If successful we will work out your voluen you might be available.  available to volunteer for more than 6 months?	YES NO
most Monday mornings and a nours to suit you; this section  — Area of Interest — Please write down the type	all day Wednesdays and some Sa n is just to give us some idea wh	aturdays). If successful we will work out your voluen you might be available.  available to volunteer for more than 6 months?	YES NO
most Monday mornings and a nours to suit you; this section  — Area of Interest — Please write down the type	all day Wednesdays and some Sa n is just to give us some idea wh	aturdays). If successful we will work out your voluen you might be available.  available to volunteer for more than 6 months?	YES NO
most Monday mornings and a nours to suit you; this section  — Area of Interest — Please write down the type	all day Wednesdays and some Sa n is just to give us some idea wh	aturdays). If successful we will work out your voluen you might be available.  available to volunteer for more than 6 months?	YES NO
most Monday mornings and a nours to suit you; this section  — Area of Interest — Please write down the type	all day Wednesdays and some Sa n is just to give us some idea wh	aturdays). If successful we will work out your voluen you might be available.  available to volunteer for more than 6 months?	YES NO
most Monday mornings and a hours to suit you; this section  — Area of Interest — Please write down the type just leave this blank.	Are you of volunteering you would like	aturdays). If successful we will work out your voluen you might be available.  available to volunteer for more than 6 months?	YES N

	special needs or requirement eart condition, back injury and			ase tell us about these
g. diabetic, i	saire condition, back injury and	a cannot do any tirenig	5, etc.).	
C	Manda			
-Support	Needs ———————————————————————————————————	romants that we shou	ld be aware of?	
o you nave any	support freeds of access requir	ements that we shou	id be aware or:	
Da	Chille 9 Europienes			
	Skills & Experience - any skills you have that you th		to the Hospice, e.g. o	computer skills, great at
	shop, etc. Include any volunta			
Any Oth	r Comments———			
•	pace to add any other informat	tion about your applic	ation that you feel m	ay be of interest to us.

For Volunteers Aged Under 18 Years —	
If you are under 18 years of age please ask a parent or gubecome a volunteer.	ardian to sign this box to give their permission for you to
I, the undersigned, as parent/legal guardian of the perapplication as a volunteer at Eden Valley Hospice. I under hereby waive any and all claims (to the extent permitted Valley Hospice, its employees, volunteers or agents. I und their role as a volunteer with Eden Valley Hospice.	rstand that this is done entirely at their own risk, and I by law) that may arise from whatever cause against Eden
Name of Parent/Legal Guardian:	
Signature of Parent/Legal Guardian:	Date:
Connections —	
Do you know or have any connection with any Trustee, mem	ber of staff or volunteer at the Hospice? YES NO
If Yes, please give their name and relationship:	
Personal References	
Please give details of two people (other than relatives) we your suitability as a volunteer:	can approach for references and are able to comment on
Name:	Name:
Address:	Address:
Email:	Email:
Telephone:	Telephone:
Relationship to you:	Relationship to you:
Criminal Convictions	
Volunteers, whose duties are carried out within Eden Valle Barring Service (DBS) check. As part of this check you mutations, reprimands or warnings. A conviction will not need to disclose such convictions could result in the ending of you the strictest of confidence and will be considered only in refined that I am NOT currently the subject of any Kingdom, or any other country. I declare that I have not to be disclosed, in the United Kingdom or any other countinvestigation by any body having regulatory functions such a regulatory body in another country'.	st declare if you have any unspent criminal convictions, essarily disbar you from volunteering; however any failure ur volunteer role. Any information given will be treated in lation to the volunteer position applied for.  Poolice investigation and/or prosecution in the United been convicted of any criminal offence required by law stry. I declare that I am not currently the subject of any
Signed:	Date:
If you are unable to sign this declaration, you must list warnings on a separate sheet, including the date, offer	
Declaration —	
<i>P</i> DCCIGIGIOII	
I hereby confirm that I wish to apply as a volunteer with Ecin this application is true and accurate. I further grant the appropriate to my application and, if required, to carry o 'vulnerable' people. I further give Eden Valley Hospice per with the Data Protection Act 1998.	charity permission to take up such references as they feel ut the police check required by law for me to work with
I hereby confirm that I wish to apply as a volunteer with Ec in this application is true and accurate. I further grant the appropriate to my application and, if required, to carry of 'vulnerable' people. I further give Eden Valley Hospice peri	charity permission to take up such references as they feel ut the police check required by law for me to work with

Please return to:

Voluntary Services Manager
Eden Valley Hospice
Durdar Road,
CARLISLE
CA2 4SD



Telephone: 01228 817658 www.evhospice.org.uk www.jigsawhospice.org.uk

FOR INTERNAL LISE

	101111	ILINIA	L OJL		
Date application received			Reference Request 1	Out	Back
Initial Interview			Reference Request 2	Out	Back
Date DBS check initiated			Date of Issue		
Type of Disclosure	Standard Adult Enhanced Child Enhanced + Barred Checks		Disclosure Number		
Name Badge Ordered			Date started volunteering		
Department Allocated to			Days Available		
Willing to help at events	Details		Misc		
		J			
General information					



