

St Cuthbert's Hospice provides comfort, dignity and quality of life to adults in North Durham with life-limiting illnesses by delivering expert care and support, as well as supporting their families and carers.

St Cuthbert's provides all its care and support services free of charge to patients, which is only possible because of community support, from donations to volunteers.

St Cuthbert's Hospice is proud to have over 300 volunteers who make the hospice the special place that it is. They really are the heart and soul of the hospice, and St Cuthbert's simply would not be the same without their kindness and generosity. If you're interested in volunteering, there are a wide range of exciting opportunities you could get involved in. Take a look below to see what you could do to help your local hospice...

- Drive our patients to and from the hospice
- Help at Park House Café or in the kitchen
- Care in the In Patient Unit or Day Services
- Admin and Reception
- Join our fundraising and PR team
- Gardening, Maintenance and DIY
- Help out at the Hospice Shops

If you're interested in volunteering, simply fill in this form and return to Karen Grigg, Human Resources Manager, St Cuthbert's Hospice, Park House Road, Merryoaks, Durham DH1 3QF
 Tele: 0191 3861170, email: Karen.grigg@stcuthbertshospice.com

Registered Charity Number: 519767

Private & Confidential

Details entered on this section of the form will remain private and confidential within the HR department..

Criminal Records Bureau

Some volunteering positions at the Hospice require a CRB check. The Hospice complies with the CRB code of Practice, and the employment of Ex-offenders policy copies of which are available on request.

Rehabilitation of Offenders Act 1974

Because of the nature of the work for which you are applying this post is exempt from the provision of the Section 4(a) of the Rehabilitation of Offenders Act (exemptions) Order 1975. Applicants are, therefore, not entitled to withhold information about convictions that for other purposes are spent under the provisions of the Act.

Having a conviction will not necessarily stop you from volunteering, but will need to be taken into consideration when assessing your suitability.

Have you any unspent criminal convictions, bind over's, cautions, warnings or reprimands? Yes No
 (If yes, please give brief details)

Declaration (Please read and sign the following)

I certify that to the best of my knowledge the information given on this form is true and complete.

I understand that if I am accepted as a volunteer any deliberate false statements, omissions or other misrepresentations made by me on this application may be sufficient cause for rejection or dismissal.

I am willing to attend an Induction Day and any training sessions deemed necessary for my volunteering role.

Name: _____ DOB: __ / __ / ____

Signed: _____ Date: __ / __ / ____

Please note: your details will be kept in accordance with the Data Protection Act 1998/2003. The application form will be kept on file and some of the information will be placed on the volunteer database and will only be used by the Hospice.



Important: Please use black ink and complete the form in full. Please include a passport size photograph with this form. Please note we can only accept applications from individuals aged 18 years or above.

Personal Information

Title: Mr / Mrs / Miss / Ms / Dr
Full Name:
Address:

Mobile Tel No:
Home Tel No:
Email Address:
I would like to be kept updated with St Cuthbert's Hospice news and events via email and post

Emergency Contact Details:

Name Relationship:

Home Tel No: Mobile Tel No:

Special Skills & Qualifications

Acquired from employment, previous volunteer work, or through other activities including hobbies which you would like to utilise whilst volunteering with us.

Are there any particular skills you would like to develop by volunteering with the Hospice?

Current / Previous Employment / Experience
(please give a brief outline)

Interests

Please indicate your area of interest:

- | | |
|---|--|
| <input type="checkbox"/> Reception | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> In-Patient Unit | <input type="checkbox"/> Retail assistants for charity shops |
| <input type="checkbox"/> Day Service | <input type="checkbox"/> Maintenance/DIY |
| <input type="checkbox"/> Development/ Fundraising | <input type="checkbox"/> Beauty |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Patient Escort |
| <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> Kitchen |
| <input type="checkbox"/> Complimentary | <input type="checkbox"/> Housekeeping/Laundry |
| <input type="checkbox"/> Retail Driver - collections/delivery | <input type="checkbox"/> Hairdresser |
| <input type="checkbox"/> Other: | <input type="checkbox"/> One off Events |

Where You Heard About Us

Please indicate where you heard about the Hospice or a Particular volunteer vacancy

- | | |
|---|---|
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> College/University Website |
| <input type="checkbox"/> Local Volunteer Centre | <input type="checkbox"/> Local newspaper |
| <input type="checkbox"/> Charity Shop | <input type="checkbox"/> Other (Please specify) |

Prospective Car Driver Applicants Only

Please indicate whether you have a two or four door car
2 door 4 door

NB We will need to see your drivers license (both card and paper sections) MOT certificate and insurance documents.

Availability

Please state your availability:
Day(s) _____ Time(s) _____
Frequency (weekly, etc) _____

If your availability is time limited please state (i.e. Term Time, VISA Etc) from _____ to _____

Referees

Please provide details of two people who have known you for at least 2 years (and who are willing to act as referees. **(Not your GP or relative)**)

Name:
Address:

Post Code:
Tel No:
Email:
Relationship to you?

Name:
Address:

Post Code:
Tel No:
Email:
Relationship to you?