



Volunteer Application Form

Please return to:

Volunteer Services Department, Oakhaven Hospice Trust, Lower Pennington Lane, Lymington SO41 8ZZ
Tel: 01590 646447 Email: volservices.admin@oakhavenhospice.co.uk

PERSONAL DETAILS		
Title:	First Name:	Surname:
Date:		
Home Address (Inc. postcode):	Home Tel No:	
	Mobile Tel No:	
	Date of Birth:	
Email address:		
VOLUNTEER ROLES		
<p>What sort of roles are you interested in? The Oakhaven website has details of the things that our volunteers help with and our current vacancies. Use the space below to let us know what role(s) you are interested in.</p>		
SUPPORTING INFORMATION		
<p>Use this space to provide any information which may help to place you most successfully as a volunteer, including skills and interests. Please also state your reasons for wanting to volunteer and whether you are or have ever been involved with the Hospice, and in what capacity.</p>		
How did you hear about volunteering at Oakhaven?		

VOLUNTEER AVAILABILITY

Please tick the days and times when you would be available. Stating a preference is not binding.

	MON	TUE	WED	THURS	FRI	SAT	SUN
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVE							

Could you be available at short notice if required? Yes No

VOLUNTEERS AGED UNDER 18

Permission from and details of parent/guardian are required for applicants aged under 18

Name and address of parent/guardian:

Daytime Tel No:

Evening Tel No:

Mobile Tel No:

Relationship:

Email Address:

Declaration: I give permission for my child to volunteer at Oakhaven Hospice. I understand that my details will be retained as next of kin/emergency contact for my child while s/he is volunteering.

Parent/Guardian signature:

Date:

VOLUNTEER DRIVERS ONLY

Car Make & Model:

Reg No:

Would you like to be considered to drive Oakhaven's transport? (Sharan People Mover Automatic)

Yes No

- All drivers must have a full British driving licence. Their vehicle must have a current MOT certificate and tax disc (if applicable).
- All drivers will be asked to produce written evidence that they have informed their insurance company of their intention to be a volunteer driver for Oakhaven Hospice Trust and that they have fully comprehensive insurance. A standard letter and return form will be provided so that you can comply with this condition.
- Drivers are required to undertake a driving assessment with a Road Safety Officer from Hampshire County Council. This consists of an accompanied drive in your own vehicle lasting about an hour. The fee for the assessment will be paid by Oakhaven.
- Fitness to drive is subject to a confidential review by the Occupational Health Department.
- We require drivers to bring day patients to the Day Hospice on Mondays, Wednesdays, Thursdays and Fridays, to arrive at approximately 10.30am and to take patients home at 3.30pm. Sometimes in-patients also need transport home. Occasionally day trips, carers' afternoons and coffee mornings are organised for which transport may be required.
- If you use your own vehicle, a mileage allowance will be provided on completion of a monthly claim form.

The catchment area for Oakhaven stretches approximately from Highcliffe in the west to Hythe/ Marchwood in the east, and from the Totton area in the north to Lymington in the south.

Are you willing to cover all these areas? If no, state the area you are prepared to cover:

SHOP VOLUNTEERS ONLY

Please indicate the shop in which you would like to work:

Lymington	<input type="checkbox"/>	Hythe	<input type="checkbox"/>	Fairview	<input type="checkbox"/>
Lymington Children	<input type="checkbox"/>	New Milton	<input type="checkbox"/>	Totton	<input type="checkbox"/>
Lymington Craft	<input type="checkbox"/>	Shirley	<input type="checkbox"/>	Highcliffe	<input type="checkbox"/>

If you are volunteering to work in the shops, you may return this form either to Volunteer Services as overleaf, or to the manager of the shop in which you would like to volunteer.

QUALIFIED VOLUNTEERS ONLY (eg therapists, counsellors)

Please list your qualifications and any relevant post-graduate courses you have attended. Please include dates and details of training establishment:

Do you belong to a professional association? Please provide details:

Please outline what professional experience you have had including details of the types of clients you have worked with and in what setting:

HEALTH AND BEREAVEMENT INFORMATION

We rely on our volunteers to make sure they are medically fit to fulfil their duties. Many volunteer roles require several hours standing or walking. Please check with your doctor if in doubt. Volunteer drivers may be asked to provide additional information.

Are you in good health? Yes No
Are you able to fulfil a shift which may mean you are on your feet for 2-4 hours? Yes No

Please provide details if you have any medical condition that could affect your volunteer placement:

Have you suffered bereavement in the last two years? Yes No

Please use this space for any additional information you may wish to give:

For Shop Use Only:		
Date started:	Application approved by:	Date:
Completed form received by Vol Svcs:		Documentation issued:

REFEREES

Please give details of two references who have known you for at least two years. These references must not be relatives. If you are a complementary therapist, please give details of a reference who knows you in a professional capacity.

Name:

Address:

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.....

Postcode:

Tel no:

Email:

Name:

Address:

.....

.....

Postcode:

Tel no:

Email:

CRIMINAL RECORDS DISCLOSURE

Due to the nature of our work, we are exempt from the 1974 Rehabilitation of Offenders Act and we therefore ask you to disclose any convictions, including those which are spent. Not all convictions have a bearing on whether you are suitable to volunteer. If we feel that your conviction is relevant to your application, we'll discuss it with you. Please give details of any convictions here or on a separate page if necessary.

DATA PROTECTION

We are legally obliged to hold certain information about you, such as address details, next of kin, age and hours of work. We promise your personal information will only be used by Oakhaven Hospice Trust and will not be passed on to any other organisations. You are entitled to see any information we hold about you. For full details of our Privacy Policy, please go to <https://www.oakhavenhospice.co.uk/privacy-policy>

POLICIES AND PROCEDURES

Staff and Volunteers are expected to make themselves aware of all relevant policies and procedures which are readily available — please ask Human Resources or Volunteer Services for further details.

HEALTH AND SAFETY

All volunteers are subject to an induction and training period. Volunteers are required to complete mandatory training (e.g. Fire Procedure, Moving & Handling, Health & Safety)

CONFIDENTIALITY AND DECLARATION

During the course of your voluntary placement you are likely to have access to confidential information about the Hospice and its patients. This information must not be disclosed to third parties, either during or after the voluntary placement. Even the information that a person is a patient of the Hospice is confidential.

Any breach of confidentiality during the voluntary placement will be viewed extremely seriously and appropriate action, which may include the termination of the placement, will be taken.

If you are not sure if something is confidential please refer to the manager of the area in which you are working or ask the Volunteer Services Coordinator.

I agree to the above Confidentiality requirement. I declare that I have read all the above notes and that the information on this form is true and complete to the best of my knowledge.

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