

11 - Declaration

I understand that any offer of volunteering with City Hospice is subject to interview and satisfactory references.

I declare that the information I have supplied on this application form is true and complete.

12 - Staying In Touch

Thank you for providing your contact information. We will use this to contact you about volunteering with City Hospice. If you've provided your email address, we will add you to our volunteer newsletter. If you would prefer to receive the newsletter by post, please let us know.

Signature **Date**/...../.....

13 - Before You Go

We'd also love to keep you up to date about other areas of our work and how you can support us in other ways. As a local charity we rely on your support to continue to deliver our services and because of this we believe it to be in our 'legitimate interest' to send you information, news and occasional requests for support by post (no more than 4 – 6 times per year). But we understand your privacy is important and so we'd understand if you'd prefer not to hear from us in this way. Please let us know how you'd like to stay in touch:

- No, please don't contact me by post
- No, please don't contact me by telephone
- Yes, please contact me by email
- Yes, please contact me by SMS
- Please don't contact me at all

We will never sell your data and we promise to keep it securely and only for as long as necessary. If you'd like more information on how we use your data, please visit www.cityhospice.org.uk/privacy-policy or call us on 02920524150 or email info@cityhospice.org.uk

Please return the fully completed form to **Ty Hosbis, City Hospice, Whitchurch Hospital Grounds, Park Road, Whitchurch, Cardiff, CF14 7BF** or drop it into your local City Hospice shop.

www.cityhospice.org.uk/volunteer

City Hospice, Whitchurch Hospital Grounds, Park Road, Whitchurch, Cardiff, CF14 7BF Telephone: 02920 524150 Registered Charity No.: 1023311



Hosbis y Ddinas City Hospice

Gofalu am Gaerdydd | Caring for Cardiff

volunteer application form

Thank you for taking the first steps to join our team of over 300 volunteers and to caring for patients and their families across Cardiff.

Please complete the form in BLOCK CAPITALS.

1 - Your Details

Title _____ Forename _____

Surname _____ Date of birth*: ___/___/___

Address _____

_____ Postcode _____

Telephone _____ Mobile _____

Email _____

*some roles have a minimum age requirement

2 - Your Emergency Contact

Name _____ Relationship _____

Telephone _____ Mobile _____

3 - Your Volunteering

Position applied for _____

Location applied for _____

Availability	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm

4 - Why do you want to volunteer with us?

Please use this section to tell us a little about yourself and why you want to volunteer.

5 - How did you hear about volunteering with us?

Please select how you heard about volunteering with us. If you came to an event, please state which event and the date held.

- | | |
|--|--|
| <input type="checkbox"/> Via our shops | <input type="checkbox"/> Event (please specify below) |
| <input type="checkbox"/> Via our website | <input type="checkbox"/> Training Provider / Job Centre (please specify below) |
| <input type="checkbox"/> Via another website | <input type="checkbox"/> School / College / University (please specify below) |
| <input type="checkbox"/> Via GVS / C3SC | <input type="checkbox"/> City Hospice group or counsellor |
| <input type="checkbox"/> Via another volunteer | <input type="checkbox"/> Other (please specify below) |

Please specify here: _____

6 - Criminal Convictions

Do you have any offences which are currently unspent under the Rehabilitation of Offenders Act 1974? **Yes / No**

If yes, please detail:

Having a criminal conviction does not necessary prohibit you from volunteering with City Hospice, but will be taken into consideration when assessing your suitability for the role. For more information on volunteering with criminal convictions, please contact our Volunteer Officer.

7 - Employment / Education

Please tell us about any employment or education you think is relevant.

8 - Welsh Language Skills

Sometimes, we have occasions where it's helpful to know if a volunteer is a Welsh speaker. We might have a patient that is a Welsh speaker or be holding an event delivered in the Welsh language. Please select your level of **speaking/listening** in Welsh.

- Fluent Some conversational Greetings only None

9 - References

Please provide details of two referees we can contact regarding your application. Either character or employment references can be submitted, but you must have known the individual for at least two years. **Family members should not be used as references.**

Reference One

Name: _____

Capacity known: _____

Address: _____

Telephone: _____

Email: _____

Reference Two

Name: _____

Capacity known: _____

Address: _____

Telephone: _____

Email: _____

10 - Medical conditions

Do you have any medical conditions and/or disability that we need to take into consideration, which may affect you volunteering? **Yes/No**

If yes, please detail:
