

VOLUNTEER INTEREST / REGISTRATION FORM

Please indicate the Volunteer Role(s) you are interested in applying for: (All the current volunteering opportunities can be seen using this [online link](#) or take a look at our website www.highlandhospice.org.uk/volunteer)

Shop / Role:

Contact Details:

Salutation/
Title

First Name(s)

Surname

Date of Birth (minimum age restrictions apply to some of our volunteer roles)

Address

Post Code

Phone (Mobile)

Phone (Other)

I want to receive text messages on my mobile phone (please tick if happy)

Email

Have you or someone close to you been supported by Highland Hospice now or in the recent past?

No Yes – How recently**?

** Whilst not wishing to invade your privacy we hope you will appreciate our need to ask about any connection with us, which could make volunteering within certain areas of the hospice difficult for you, and/or may mean that volunteering will not be possible until a certain period of time has passed.

How did you hear about volunteering at Highland Hospice?

Do you require a permit to work in the UK?

No

Yes

Employment Status Employed Full Time Employed Part Time Retired

Student Other (please detail)

Name:

Please supply the details of someone we can contact in the event of an emergency (please ensure this person knows you're using their details):

Telephone:

Relationship to you:

Availability & Frequency: Please indicate when and how often you'd like to volunteer

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Weekly Fortnightly Monthly

Other (please specify):

Please detail any skills / attributes / qualifications / employment experience that you could bring to volunteering at the Highland Hospice

Do you have a current full driving licence?

No

Yes -
clean

Yes – with
endorsements

Are you a member of the Disclosure Scotland Protecting Vulnerable Groups (PVG) scheme?

No

Yes

Not Sure

Character Referees – We ask that you provide contact details for 2 people who can provide a character reference for you (e.g. previous employer, or a neighbour, or a teacher/tutor or landlord). **References from relatives are not accepted.** Volunteers offering professional services should provide at least 1 professional reference. References for young volunteers need to be from adults, not peers. **We will take up references anytime between receiving your application and your 3 month review date should you be accepted as a volunteer.** Please ask your referee first, before submitting their details here.

Name: Mr/Mrs/Miss/Ms

Name: Mr/Mrs/Miss/Ms

Address:

Address:

Post Code:

Post Code:

Phone:

Phone:

Email:

Email:

Storage and use of your data by Highland Hospice

Highland Hospice stores your data securely for the purposes of administering your volunteering role(s) with the Hospice. In order for you to fulfil your role(s) effectively we need to provide you with information about current Highland Hospice services, potential service developments and other news. To do this we will communicate with you by email and occasionally by post or text unless you ask us not to using the opt-out below. We also need to share your name and contact details with other staff and volunteers in your team. **We will never sell or share your data with any other third party unless required by law.** You can find our full privacy notice on our website at www.highlandhospice.org/privacy.

If you would be happy to receive occasional newsletters and other communications from Highland Hospice to support your volunteering with us please tick this box (this will not include fundraising marketing)

UNSPENT CONVICTIONS –

We ask all volunteers to disclose any unspent convictions. You are not required to disclose any convictions which are considered 'spent' under the Rehabilitation of Offenders Act. Volunteer roles that involve direct contact with our service users also require membership of the PVG (Protecting Vulnerable Groups) scheme, which involves a full background check.

If you have ever been convicted of an offence for which a sentence of more than two and a half years was imposed (regardless of the amount of time you actually spent in prison), this conviction can never be 'spent'. It is an unspent conviction.

Do you have any unspent convictions or relevant spent convictions (including cautions)? See <https://www.mygov.scot/offences-always-disclosed/> for details No Yes

Are there any criminal proceedings pending against you? No Yes

If you answer **yes**, to either of these questions, please state the nature of conviction, date of conviction/sentence and penalty on a **separate** sheet of paper and enclose this with your application form.

Having a criminal record will not automatically exclude you from volunteering. Each case will be considered on its merits and in relation to the particular volunteer role(s) for which you're applying. The circumstances of the offence will always be taken into account so please give as much information as possible. As with all of your details, this information is treated in strictest confidence.

Health Declaration: Please complete the following questions below

Do you consider yourself to have any physical or mental health condition or disability
Yes No Prefer not to say

What is the effect or impact of your disability or health condition on your ability to give your best at work?
Please write in here:

Do you require any specific arrangements or adjustments to allow you to attend for interview?
If Yes, please specify here:

Declaration: Please read the following points and sign below once you have completed the form

- I have completed this form and the details I have supplied are, to the best of my knowledge, true and complete;
- I declare that I have no previous unspent convictions or pending convictions or have identified any I do have on a **separate** sheet of paper attached to this form;
- I authorise you to obtain references;

Signature:**Date:**