**Personal Details**

Title: First Names: Surname:

(Mr/Mrs/Ms/Miss/Other)

Have you or a member of your family been supported by Julia’s House, now or in the recent past? **YES/NO**

Address:

\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_

Phone (home): \_\_\_\_\_\_\_ \_\_\_\_ (mobile): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I am happy for Julia’s House to contact me about Volunteering opportunities and updates via Email*

Email:  \_\_\_\_\_\_

Next of kin: \_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about the charity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Application Form

Present situation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( E.g. in paid employment, retired, studying, caring for dependents, etc.)

Skills, Qualifications or Experience:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Availability** (please tick to indicate your availability)

Mon Tues Wed Thurs Fri Sat Sun

Morning

Afternoon

Evening

**Sibling Days** - *To help out with sibling events at the hospice and in the community e.g. water sports, adventure events, parties and outings*

**Family Events** - *Mums, Dads and Grandparent events/days out e.g. spa days, adventure outings, water sports, pub meals, toddler groups, holiday club*

**Complementary Therapy** - *Fully qualified therapists can help out at the Hospice giving short, informal treatments to the children, parents and staff members (a nominal fee is paid by staff members)*

**Play Prep** - *Assisting the play team prepare activities for the children*

**Helping with care sessions at the hospice**

**PAT Dog**

**Fundraising Activities** – *bucket collections, stalls at shows/fetes, marshalling at events*

**Trustee** (Need to provide 2 x professional references)

**Volunteering Activities:**

**Referees** *Please provide details of two referees, and ensure you have their permission for Julia’s House to contact them. The referees must* ***not*** *be related and preferably professional referees. I agree to you contacting and requesting a reference from the below referees.*

**Name (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Company Name &) Address:

Email Telephone

**Name (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Company Name &) Address:

Email Telephone

|  |
| --- |
| **Please tick one of the following:**  I am not aware of any health conditions or disability which might affect my ability to undertake voluntary duties. |
| *I do have a health condition or disability which might affect my ability to undertake voluntary duties. Please specify: …………………………………………………………………………………………………………………………………* |

|  |
| --- |
| Because of the nature of the work for which you are applying, this post is exempted from the provisions of the Rehabilitation of Offenders legislation. Applicants are therefore not entitled to withhold information about ‘spent’ or ‘unspent’ criminal convictions, or where applicable also about conditional discharges, bindovers or cautions. In view of this requirement, please provide preliminary details, including all relevant dates.  Have you ever been convicted of a criminal offence? **YES/NO**  Have you ever been convicted of any criminal offence required by law to be disclosed, received a police caution in the UK or a criminal conviction in any other country?  **YES/NO**  Are you currently the subject of any investigation or proceedings by anybody having regulatory functions in relation to health/social care professionals including such a Regulatory body in another country? **YES/NO**  Have you ever been disqualified from the practice of a profession or required to practice it subject to specific limitations following a fitness to practice investigation by a regulatory body in the UK or another country?  **YES/NO**  If you have answered **YES** to any of the above, please give details (continue on a separate sheet if necessary) ………………………………………………………………………………...…………………………….....................................  …………………………………………………………………………………………………………………………………………………………………….  As a condition of volunteering with Julia’s House we will expect you to attend training/workshop sessions which are appropriate to your chosen task.  Due to the nature of the work of this organisation, it may be necessary for you to obtain a Disclosure and Barring Service (DBS) check, which will be carried out by Julia’s House, at no cost to you.  This is a simple process that we will guide you through.  **Declaration**  I consent to Julia’s House using and keeping personal information I have provided as part of the volunteer recruitment process and/or personal information supplied by third parties, such as referees, relating to my application. I understand that the information provided will be used to make a decision regarding my suitability for a voluntary role within Julia’s House and if successful the information will be used to form my personnel record and will be retained for the duration of my involvement with Julia’s House. If I am not successful on this occasion, I understand that Julia’s House will retain my details for a period of 1 month, after which time all relatable documentation will be destroyed. If you/weyou’re your volunteering agreement, we will retain your personal information in accordance with legal and regulatory requirements.  Any Financial and Health & safety records will be retained for 7 years. We will only retain your information while we are actively engaged with you.  Where we have had no interaction with you for a period of 5 years we will archive your data. <https://www.juliashouse.org/privacy-policy>    **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |

**Equality and diversity monitoring**

Julia’s House wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of our volunteers in encouraging equality and diversity. To ensure that our equal opportunity policy is effective, we carry out monitoring of volunteers and we would like you to answer the questions below.

1. **Gender** Male 🗆 Female 🗆 Non- Binary 🗆 Prefer not to say 🗆
2. **Age** Under 18🗆 18-24🗆 25-34 🗆 35-44🗆 45-54 🗆 55-64 🗆 65+🗆
3. **Do you identify as transgender?** Yes🗆 No🗆 Prefer not to say🗆
4. **What is your ethnicity?**

*Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box*

***White***

English 🗆 Welsh 🗆 Scottish 🗆 Northern Irish 🗆 Irish 🗆

British 🗆 Gypsy or Irish Traveller 🗆 Prefer not to say 🗆

Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean 🗆 White and Black African 🗆 White and Asian 🗆 Prefer not to say 🗆 Any other mixed background, please write in:

***Asian/Asian British***

Indian 🗆 Pakistani 🗆 Bangladeshi 🗆 Chinese 🗆 Prefer not to say 🗆

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African 🗆 Caribbean 🗆 Prefer not to say 🗆

Any other Black/African/Caribbean background, please write in:

**Other ethnic group**

Arab 🗆 Prefer not to say 🗆 Any other ethnic group, please write in:

1. **Do you consider yourself to have a disability as defined in the Disability Discrimination Act (1995)?** (i.e. do you have a physical or mental impairment, which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities? This does not mean you have to be registered as a disabled person).

🗆 Yes

🗆 No

🗆 Prefer not to say

1. **What is your sexual orientation?** (As per the Employment Equality (Sexual Orientation) Regulations (2003))

🗆 Bisexual 🗆 Gay Man 🗆 Gay Woman / Lesbian 🗆 Heterosexual 🗆 Prefer not to say

🗆 Other (please specify)