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| **About you** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Title** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **First Name** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Surname** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Postcode** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email Address** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Home Telephone** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mobile** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of birth** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Preferred method of contact** | | | | | Phone | | | | | | |  | | | | | | | Email | | |  | | | | | Post | | | | | |  | | | |
| **Which Retail Shop would you like to volunteer in? Please tick more than one if relevant.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bilton | | | | | | | | | | |  | | | | | | | Knaresborough | | | | | | | | | | | | | | |  | | | |
| Boroughbridge | | | | | | | | | | |  | | | | | | | Leeds Road | | | | | | | | | | | | | | |  | | | |
| Cold Bath Road | | | | | | | | | | |  | | | | | | | Ripon | | | | | | | | | | | | | | |  | | | |
| House & Home (Furniture) | | | | | | | | | | |  | | | | | | | Starbeck | | | | | | | | | | | | | | |  | | | |
| Jennyfields | | | | | | | | | | |  | | | | | | | Station Parade | | | | | | | | | | | | | | |  | | | |
| Kings Road | | | | | | | | | | |  | | | | | | | Warehouse | | | | | | | | | | | | | | |  | | | |
| **Please let us know your availability: e.g. specific weekdays and/or weekends, morning or afternoon shift** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Monday | | | am |  | | pm | | |  | | | | Friday | | | | | | | | | | | | | am | | | |  | | pm | | | |  |
| Tuesday | | | am |  | | pm | | |  | | | | Saturday | | | | | | | | | | | | | am | | | |  | | pm | | | |  |
| Wednesday | | | am |  | | pm | | |  | | | | Sunday | | | | | | | | | | | | | am | | | |  | | pm | | | |  |
| Thursday | | | am |  | | pm | | |  | | | | Ad Hoc | | | | | | | | | | | | |  | | | | | | | | | | |
| Any additional information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Would you be interested in helping out at ad hoc hospice events?** (e.g. Twilight Walk, Light Up a Life, Family Run) | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | | **No** | | | | | | | |
|  | | | | | | | | |  | | | | | | | |
| **Why would you like to volunteer for Saint Michael’s Hospice?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please summarise any current or previous occupations or volunteering** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **To help us ensure that you are safe and that the role is appropriate please tell us if:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have an underlying health condition or disability which could make you more vulnerable to coronavirus?  **If Yes – we will ask you more about this during the recruitment process** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes/No** | |
| Are you pregnant? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes/No** | |
| Do you have a health condition or disability which might affect your ability to undertake the duties of your volunteering role? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes/No** | |
| Would you require any adjustments to be made to enable you to volunteer safely and effectively? **If Yes – we will ask you more about this during the recruitment process** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes/No** | |
| **What would you like to do when you volunteer? (select more than one if relevant)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Help and serve customers | | | | | | | |  | | | | | | | | Help behind the scenes | | | | | | | | | | | | | | | | | |  | | |
| Assist with the window display | | | | | | | |  | | | | | | | | Restock the shelves and rails | | | | | | | | | | | | | | | | | |  | | |
| Operating the till | | | | | | | |  | | | | | | | | All/Variety of activities | | | | | | | | | | | | | | | | | |  | | |
| **References**  Please provide details of 2 referees, ideally one from a professional capacity.  Referees must not be a family member or partner.  Referees must be at least 18 years old and ideally must have known you for at least 2 years.  Our preference is to email references, so where possible please provide a clear email address for your referee.  **Do you give consent for us to contact your references? YES/NO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reference One** | | | | | | | | | | | | | | | **Reference Two** | | | | | | | | | | | | | | | | | | | | | |
| Title/Name: |  | | | | | | | | | | | | | | Title/Name: | | | | | |  | | | | | | | | | | | | | | | |
| Address:  Postcode: |  | | | | | | | | | | | | | | Address:  Postcode: | | | | | |  | | | | | | | | | | | | | | | |
| Contact Number: |  | | | | | | | | | | | | | | Contact Number: | | | | | |  | | | | | | | | | | | | | | | |
| Email Address: |  | | | | | | | | | | | | | | Email Address: | | | | | |  | | | | | | | | | | | | | | | |
| Relationship: |  | | | | | | | | | | | | | | Relationship: | | | | | |  | | | | | | | | | | | | | | | |
| **Emergency contact** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Criminal declaration**  Saint Michaels is committed to equality and diversity and recognises the contribution that all people can make as volunteers and so we welcome enquiries of interest from everyone.  Please rest assured that we will handle any information provided below in confidence. Should you disclose them, we will not take into account convictions deemed spent under the Rehabilitation of Offenders Act, unless the voluntary position is exempt from the Act.  Have you been convicted of a criminal offence which is not spent under the Rehabilitation of Offenders Act 1974?  If so, please give details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | Yes | | |  | | | | | | |  | | | | | | No | |  | | | | | | | | | | | |
| Are you aware of any police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | Yes | | |  | | | | | | |  | | | | | | No | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Why your information matters to us**  Your information will be used by Saint Michael’s Hospice, to provide you with the best service possible. Your details are safe with us. We will not sell or swap them. We will only use them in accordance with our information notice  <http://www.saintmichaelshospice.org/fundraising/volunteering/>  Please note this notice was updated in August 2019. We encourage you to read this update. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Keeping in touch** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| We would like to keep you up-to-date about our work, other volunteer news, fundraising activities and other ways to support Saint Michael’s. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Emails and MMS (multimedia service) are quick and cost effective. Please let us know if you are happy for us to stay in touch in these ways.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Please tick if appropriate** | | | | | | | | |
| Yes, I would like to hear from you by email | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| No, I do not wish to hear from you by email | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Yes, I would like to hear from you by text message or MMS | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| No, I do not wish to hear from you by text message or MMS | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **Mail and telephone are also important ways we can communicate with you. Please tell us if you would rather we didn’t contact you in these ways.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Please tick if appropriate** | | | | | | | | |
| No, please do not contact me by post | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| No, please do not contact me by telephone | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| You can update your preferences or unsubscribe from marketing at any time by calling our supporter care team on (01423) 878 628 or by emailing [supportercare@saintmichaelshospice.org](mailto:supportercare@saintmichaelshospice.org)  North Yorkshire Hospice Care is a registered charity in England and Wales (518905) with a family of services operating as Herriot Hospice Homecare, Just ‘B’, Saint Michael’s Hospice and Talking Spaces.  North Yorkshire Hospice Care is a company limited by guarantee, registered in England and Wales (2121179). Registered address Crimple House, Hornbeam Park Avenue, Harrogate, HG2 8NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please answer the following before signing your application form** | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | | **No** | | | | | |
| I confirm that the information on this form is true and correct | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |
| Signed: | |  | | | | | | | | | | | | Date: | | | | | |  | | | | | | | | | | | | | | | | |

Please return the application form via email to [volunteers@saintmichaelshospice.org](mailto:volunteers@saintmichaelshospice.org) or via post to Volunteer Co-ordinator, Saint Michael’s Hospice, Crimple House, Hornbeam Park Avenue, Harrogate, HG2 8NA