

ACCORD Hospice

Volunteer Application Form

This form is used for us to record important information about our volunteers. If you have any concerns with any of the questions please discuss this with a member of staff. All information will be kept confidential. **Please complete all parts of the form (Pages 1-3)**

Your Details

Title:

Full Name:

Address:

Postcode:

Home phone:

Mobile phone:

Email:

National Insurance Number:

In the event of an emergency, who should we contact on your behalf?

Name:

Phone number:

Relationship:

References

Before we engage volunteers it is our policy to seek one reference. Please provide contact details of your referee below.

Name:

Address:

Postcode:

Email (if available):

Telephone No (if available):

ACCORD Hospice

Volunteer Application Form (Page 2)

Please tick area of interest

WITHIN THE HOSPICE				
AREA				✓
Day Therapy Unit	Assisting Patients	Tues – Thur	9.30am – 3.00pm	
In Patient Unit	Assisting Patients	Mon – Fri	11am -1pm () 4.45 – 6pm ()	
Hairdressing Salon		Tues – Fri	Flexible 10am – 3pm	
Din. Room	Day Therapy Unit	Tues – Thur	12.00 – 1.30pm	
Transport for Patients		Mon – Fri	Flexible 9am – 5pm	
Gardening		Any day	Flexible	
Reception		Mon – Fri	3 – 6pm () 6 – 8pm ()	
		Sat – Sun	10am –12noon () 12 – 3pm () 3– 6pm ()	

SHOPS				
Monday till Saturday		✓		✓
Barrhead 228 Main Street	10am - 1pm		1pm - 4pm	
Johnstone (Home & Leisure) 44b High Street	10am - 1pm		1pm - 4pm	
Paisley (Causeyside St)	10am - 1pm		1pm - 4pm	
Paisley (Glasgow Road)	10am - 1pm		1pm - 4pm	
Paisley Centre (High St)	9am - 1pm		1pm - 5.30pm	
Renfrew 17-19 Dunlop Street	10am - 1pm		1pm - 4pm	
Abercorn Street Store	10am - 1pm		1pm - 4pm	

FUNDRAISING			
Area	✓	Area	✓
Summer / Christmas Fayres June & December Take place in Paisley Town Hall. Help required between 9am and 4.30pm (2½ hour slots)		Mailing (March & September) Filling envelopes with ACCORDian magazine and Flyers to be sent to 10,000+supporters. Lunch Provided – morning or afternoon session	
Bucket Collection (2 or 3 per year) Mainly in shopping centres, where possible collecting in pairs (1 hour slots)		Friends groups	
Stewarding at Sponsored Events (2 or 3 per year) Help required with registering participants and stewarding entrants		Other Activities Help required occasionally with e.g. Stocktaking, making up appeal boxes, wrapping presents, mailings	

OTHER AREAS			
Area	✓	Area	✓
Bereavement Support (Counselling experience essential)		Gleniffer Outreach (RAH Grounds) 9.30am-1pm () 1pm- 4pm()	
Crafts		Other (please specify)	

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ACCORD Hospice: Morton Avenue PAISLEY PA2 7BW
Registered Charity No. SC013682

April 2018

ACCORD Hospice

Criminal Conviction Self Declaration

We ask all volunteers with us to give us information of previous convictions. Having a previous conviction does not automatically bar you from volunteering with us, but it will help us, in discussion with you, decide if the opportunity you have applied for is the most suitable. All information given here will be kept in your personal file which can only be accessed by authorised staff.

Under the terms of the Rehabilitation of Offenders Act 1974, you are entitled to withhold information about any convictions against you which are now 'spent'.

You may only withhold information on 'spent' convictions.

Please ask us if you need any help completing this section of the form and we will be happy to assist you.

Conviction	Date Offence Occurred
Criminal Convictions Pending	

I declare that, to the best of my knowledge, the above information is correct. I understand that if I take up a volunteer opportunity and it is found that I have deliberately given false information or withheld relevant information, then the opportunity may be withdrawn.

Signature: _____

Date: _____

PLEASE RETURN COMPLETED FORMS TO:

Jennie Durward
Volunteer Co-ordinator
ACCORD Hospice
Morton Avenue
PAISLEY

For Office use only

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ACTION	DATE	ACTION	DATE
Application Received		Application added to RE	
Letter of acknowledgement sent			
Reference Request Sent		Reference received	
Driving Licence Checked <i>(if applicable)</i>		Car Insurance Checked <i>(if applicable)</i>	
PVG Sent		PVG Received	
Interview Date			
Shop volunteer applicants: Copy of application form passed to Sheila Jack			
Successful Applicant: Contact applicant with volunteer duty details and induction training dates			
Unsuccessful Applicant: Letter of regret sent			

REGULAR DUTY(ies)			
DAY	DUTY	TIME	Wk/Fort/Mth

RECORD of TRAINING		
DATE	TYPE OF TRAINING	INPUT TO R EDGE

COMMENTS

STARTING DATE:	LEAVING DATE:
Reason for leaving	