

# VOLUNTEER APPLICATION FORM



Please complete in TYPE or BLOCK CAPITALS

Mr/ Mrs/ Miss/ Ms/ Other	Forename(s)	Surname
Address:		
Postcode:	Date of Birth:	
Telephone number:	Mobile Number:	
Email address:	Nationality (for monitoring purposes only):	
Ethnic Origin:		

We will use your email address and/or telephone number to keep in regular communication with you

Please tell us why you have chosen to volunteer with The Butterfly Hospice Trust
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Where did you hear of the need for volunteers?

Website	Radio	Poster in shop	Social Media	By Recommendation	Other

Your Availability

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Area of Interest (Please tick):

Retail: Sorting & Sales	Awareness Raising	Events Support/Organising (please circle which)
Warehouse: Sorting & Sales (Boston)	Gardening/Landscaping	Reception
Van Driving	Charity Cans: Collection/Distribution	DIY: Fixing/Repairing stock

Previous Experience:

Other previous work, volunteering experience and hobbies:
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Please explain in the box below why you think you are suitable for this role:

**Health Declaration**

**Do you have any health conditions/disabilities of which we should be aware?**

If yes, please provide details so that we can make any reasonable adjustments where possible/necessary:

**Criminal Convictions**  
**(Rehabilitation of Offenders Act 1974)**

**Do you have any criminal convictions that are unspent or anything pending?  Yes  No**  
**A prior or pending criminal conviction will not necessarily prevent you from volunteering. However, failure to disclose this information may result in termination of any arrangements made. You may wish to discuss this at interview.**

If yes please provide details:

All volunteers who are to be involved with children or vulnerable adults will need to complete a Disclosure & Barring Service Check prior to commencement.

**Publicity Consent**

**At The Butterfly Hospice Trust, we provide a number of news releases to inform people about what we are doing. Sometimes that involves taking photographs or videos. We need your agreement to have your photograph/video taken. Please read the statement below and sign if your happy to share your photo and information relating to the activity. Please write "Consent not given to the right of the signature box if you DO NOT give your agreement.**

- The Butterfly Hospice Trust has my full permission and consent to use photo/video, with my name in any activity which reasonably promotes The Butterfly Hospice Trust without compensation
- This may include promotion on our Website, Social Media and Press releases

Signature .....  
Print Name .....  
Date .....

**References:** Please give the names and contact details of two people who have known you for some time (at least one should not be a relative) and are willing to act as referees. If possible, one should be from a place of work or an organisation where you have volunteered. At least one should have had contact in the last two years.

<b>Reference 1</b>	<b>Reference 2</b>
<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Postcode:</b>	<b>Postcode:</b>
<b>Tel No:</b>	<b>Tel No:</b>
<b>Email:</b>	<b>Email:</b>
<b>Relationship:</b>	<b>Relationship:</b>
<b>How Long have you known this person and in what capacity:</b>	<b>How Long have you known this person and in what capacity:</b>

**PLEASE READ AND SIGN THE DECLARATION ON THE BACK OF THIS PAGE**

## Declaration

**I am applying for an unpaid voluntary position with The Butterfly Hospice Trust. Should I be successful, I understand that:**

- We have not entered into any employment contract and that the terms are binding in honour only
- My application will only be accepted on receipt of satisfactory references and of a DBS check where required
- I will be required to comply with the Trust's values, behaviours and volunteering procedures
- The Trust works within the guidelines set by the Equal Opportunities Act
- Personal information, including that contained in this form, may be stored on manual and computer files, retained in accordance with Data Protection legislation

I confirm that the information given on this form is correct and complete. I understand that any information later discovered to be incorrect may result in the termination of any volunteering arrangements made.

## Volunteer

<b>Signed:</b>	<b>Date:</b>
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**THANK YOU FOR COMPLETING THIS FORM PLEASE RETURN TO YOUR LOCAL SHOP  
MANAGER OR THE EMAIL/ADDRESS BELOW**

### For Office use only

<b>Location:</b>	<b>Volunteer start data :</b>
<b>Hours per week:</b>	<b>Volunteer position:</b>
<b>Line Manager's name:</b>	
<b>Signature:</b>	<b>Date:</b>

[volunteering@butterflyhospice.or.uk](mailto:volunteering@butterflyhospice.or.uk)

**Volunteer Manager  
Butterfly Hospice  
Rowan Way  
Boston  
Lincolnshire PE21 9DH Tel: 01205 311222**