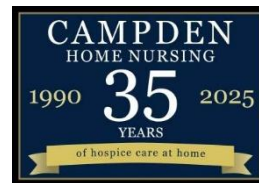


# VOLUNTEER APPLICATION AND AGREEMENT FORM



Many thanks for your interest in volunteering for the charity Campden Home Nursing. We have provided over 35 years of end of life care, free of charge.

Please read the terms and conditions overleaf before completing this form. If you have any questions, please contact us on 01386 840505 or email [info@campdenhomenursing.org](mailto:info@campdenhomenursing.org)

### PRIVACY NOTICE

Campden Home Nursing takes your privacy very seriously. All information supplied to us on this form will be held confidentially on the database, for access and use only by authorised staff. We will not share your data with any other parties without your consent unless required to do so by law. Our GDPR policy is available on the charity's website at [www.campdenhomenursing.org](http://www.campdenhomenursing.org)

### PERSONAL DETAILS

Title: ..... Surname: ..... First name: .....

Address: .....

..... Postcode:.....

Tel: ..... Email:.....

Date of Birth: ..... National Insurance No:.....

### EMERGENCY CONTACT

Name: ..... Phone:.....

Relationship to you .....

### ROLE APPLIED FOR: *please circle*

Shop Volunteer                      Office Support                      Gardening Group                      Baking

Wellbeing Activities at Jecca's House                      Fundraising/ Events                      Other

### AVAILABILITY:

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

## RELEVANT SKILLS AND EXPERIENCE

Please use the space below to explain why you are applying for the role and how your experience (paid or unpaid), personal qualities and skills help to make you suitable.

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Do you hold a full, current driving licence?    YES / NO    *Please circle or underline*

## CHILDREN AND VULNERABLE ADULTS

All positions with Campden Home Nursing may bring Staff or Volunteers into contact with children and vulnerable adults.

Please note that all employees of and volunteers for Campden Home Nursing are required to undergo a Disclosure and Barring Service check.

## Criminal Convictions – please circle

- Have you ever been convicted of a criminal offence?                      YES / NO
- Is the offence “spent” as defined by the Rehabilitation of Offenders Act 1974                      YES / NO
- Do you have an unspent criminal conviction?                      YES / NO
- Or pending against you?                      YES / NO

## TERMS AND CONDITIONS

You can expect the following from Campden Home Nursing:

- Provide thorough induction and training on your volunteer role
- Explain clearly the standards we expect from all team members
- Provide a named person to discuss your role with
- Provide insurance cover whilst undertaking your voluntary role
- Ensure all team members are treated in accordance with our equal opportunities policy
- Endeavour to resolve any problems or difficulties you may have while you volunteer with us

Campden Home Nursing expects you to:

- Act as an ambassador for Campden Home Nursing at all times
- Perform your volunteer role to the best of your ability
- To read and be aware of the charity’s policies and standards as stated in the volunteer handbook
- To attend training sessions relevant to your role
- To volunteer reliably to the best of your ability, to arrive at the agreed time and to give fair notice of times when you cannot volunteer as planned

Are you happy for Campden Home Nursing to use your picture for marketing purposes?    YES/NO

This application is binding in honour only; it is not intended to be a legally binding contract between us and may be cancelled at any time at the discretion of either party.

Neither party intends any employment relationship to be created either now or at any time in the future.

I confirm that the information given by me on this application form is true to the best of my knowledge and belief, and I understand that if such information were found to be materially incorrect, Campden Home Nursing would be entitled to terminate my voluntary position with immediate effect.

I have read and agree to the Terms and Conditions of this Volunteer Application and the Volunteer Handbook.

Signed .....

Date.....

### DISABILITY

The Disability Discrimination Act 1995 regards a person to have a disability who has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Do you have any physical condition which may limit your ability to carry out your volunteer duties? Please explain:

.....

If you require any adjustments or we can be of support, please advise:

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### REFERENCE REQUEST

Please provide the name and contact details of two people, preferably one of whom you have previously worked for, who we can contact for references.

Name:	Name:
Address:	Address:
Telephone:	Telephone:
Email:	Email:
Capacity in which known:	Capacity in which known:
How long have you known this person?	How long have you known this person?

**Many thanks for your application. We will be in touch.**

By volunteering, you enable us to continue to give end of life care at no charge, bereavement counselling and wellbeing support.