



Volunteer Application Form

Thank you for your interest in volunteering for Sue Ryder. Please complete this form and return it to your interviewer (eg. Shop Manager, Fundraiser, Volunteer Coordinator).

Sue Ryder complies with the codes of practice issued by the information commissioner under the Data Protection Act 1998. Any information provided will be held in accordance with the Act. Sue Ryder is committed to the principles of equal opportunities and opposes all forms of unlawful and unfair discrimination.

Sue Ryder has a programme that works with currently serving and ex-offenders within the terms of the Rehabilitation of Offenders Act. We are vigilant and thorough in our management of this programme. Should you like to know more about the programme please call the Volunteering Department on 020 7554 5900.

Please complete in TYPE or BLOCK CAPITALS

Name:	
Address:	
Postcode:	Date of Birth:
Telephone number:	Mobile number: (essential)
Email: (essential)	

Why did you choose to volunteer with Sue Ryder?

At which Sue Ryder location would you like to volunteer?

Your availability

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm

Number of hours per week:

Other:

We'd like to keep you up to date with Sue Ryder's volunteering developments and other charitable activities. Please tick the appropriate box if you do NOT want us to do this by:

Email Post SMS

Sue Ryder promises not to sell your details to any other organisation.

Current status

Please tick the box which reflects your current status:

- | | |
|--|---|
| <input type="checkbox"/> In paid employment | <input type="checkbox"/> Community service |
| <input type="checkbox"/> Unemployed and looking for work | <input type="checkbox"/> Probationary scheme |
| <input type="checkbox"/> Student | <input type="checkbox"/> Prison placement |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Mandatory work placement |
| <input type="checkbox"/> Self employed | <input type="checkbox"/> Duke of Edinburgh Award Scheme |

Other: (please specify)

Other: (please specify)

Previous experience

Have you volunteered with any other charity? (Please tick) Yes No

If yes, where and in what capacity?:

Other previous work/volunteering experience and hobbies:

Do you have any links to the second hand trade or alternative therapies? (Please tick) Yes No

If yes, please give details:

Health declaration

Do you have any health conditions or disabilities of which we should be aware? (Please tick)

Yes No

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

Criminal convictions

(Rehabilitation of Offenders Act 1974)

Do you have any criminal convictions or any pending? (Please tick)

Yes No

If yes please provide details:

A prior or pending criminal conviction will not necessarily prevent you from volunteering with Sue Ryder. However failure to disclose this information may result in termination of any arrangements made. You may wish to discuss this at interview. All information disclosed will be stored in line with the Data Protection Act.

NB. For some voluntary positions it may be necessary to declare spent criminal convictions and Sue Ryder may need sight of a certificate from the Disclosure and Barring Service. This can sometimes delay the start of volunteering.

Emergency contact details (Essential)

Contact name:	Relationship to you (eg. daughter):
Telephone number:	Mobile number:

References

We ask you to provide details of two referees who are not directly related to you and who have known you for at least two years.

Reference 1

Name:
Address:
Postcode:
Telephone number:
Email:
Relationship:

Reference 2

Name:
Address:
Postcode:
Telephone number:
Email:
Relationship:

PLEASE ENSURE YOU READ AND SIGN THE DECLARATION ON THE BACK OF THIS PAGE

Declaration

I am applying for a voluntary position with Sue Ryder. I understand – should I be successful – that we have NOT entered into any employment contract and that the terms are binding in honour only. I understand that my application will only be accepted on receipt of satisfactory references and on receipt of a Criminal Record Check or satisfactory Protection of Vulnerable Adults (POVA) where this is required. If accepted I confirm that I will comply with the volunteering procedure and the charity's values. I agree that Sue Ryder may hold and use personal information about me for volunteering reasons and may keep in touch with me. I understand this information, including that contained within this form, may be stored on manual and computer files and will be retained in accordance with Data Protection Legislation. I understand that the charity works within the guidelines set by the Equal Opportunity Policy and the Rehabilitation of Offenders Act and that Sue Ryder works with currently serving and ex-offenders. 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 arrangements made.

Signed:

Date:

**THANK YOU FOR COMPLETING THIS FORM
PLEASE RETURN IT TO YOUR MANAGER**

To be filled in by the volunteer's line manager

Location:

(Care centre name or shop code)

Volunteer start date:

Hours per week:

Volunteer position:

Line manager's name:

Signature:

Date:

Please now detach and retain the Volunteer Data Sheet and return the main section of this form to:

**Volunteering
Sue Ryder
1st Floor
16 Upper Woburn Place
London
WC1H 0AF**

Sue Ryder

Volunteer Data Sheet

For manager's use

TO BE RETAINED AT THE VOLUNTEERING LOCATION

Volunteer data

Name:	Start date:
Address:	
Postcode:	Date of Birth:
Telephone number:	Mobile number:

Emergency contact details

Name:	Relationship:
Telephone number:	Mobile number:

Health conditions and medications

Please give as much information as possible below.

Days worked

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
am pm	am pm	am pm	am pm	am pm	am pm	am pm
Telephone number:				Notes:		
Total costs per week: £						

Manager's checklist:

Volunteer has completed:

- Application form
- Equal opportunities monitoring form
- Interview/informal chat
- Trial session

Volunteer has been provided with:

- Volunteer welcome leaflet
- Volunteering guidelines
- Volunteer complaints procedure

References:

Reference 1

Date requested:

Date received:

Reference 2

Date requested:

Date received:

Parental consent form (where applicable):

Date requested:

Date received:

DBS or PVG check (where applicable):

Date requested:

Date received:

Disclosure/certificate number:

Disclosure type:
(eg. standard/enhanced)