

Declaration

I am applying for a voluntary position with Sue Ryder Care. 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 Care 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 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.

Signature:

Date:

Start Date:

Please return all sections apart from the rear tear off slip to: Volunteer Coordinator, Sue Ryder Care,
King's House, First Floor, King Street, Borehamgate Precinct, Sudbury CO10 2ED

Volunteer Application Form

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

Sue Ryder Care 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 Care is committed to the principles of equal opportunities and opposes all forms of unlawful and unfair discrimination.

Personal Details

Full name:

Address:

Telephone Numbers

Home: Mobile:

Email: Date of Birth:
(If you would like to receive information in this way)

What made you choose to volunteer for Sue Ryder Care?

Would you like to receive communication about the activities of Sue Ryder Care? Yes No

Location where you would like to volunteer:

Your availability:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
am pm	am pm	am pm	am pm	am pm	am pm	am pm

Number of hours per week Other

Previous work/volunteering experience and hobbies:

Health Declaration (This will not negatively affect your chances of becoming a volunteer)

Do you have any health conditions or disabilities of which we should be aware? Yes No

Please give 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? Yes No

Please give details:

A prior or pending criminal conviction will not necessarily prevent you from volunteering with Sue Ryder Care. 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 kept in strictest confidence.

NB. For some voluntary positions it may be necessary to declare spent criminal convictions.

Current Status

Please tick the appropriate box

Are you currently:

- | | | |
|---|--|---|
| <input type="checkbox"/> In paid employment | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Student | <input type="checkbox"/> Self employed | <input type="checkbox"/> Training scheme |
| <input type="checkbox"/> Community services | <input type="checkbox"/> Probationary scheme | <input type="checkbox"/> Duke of Edinburgh Award scheme |

Other (please specify)

Have you/do you volunteer/ed with any other charity? Yes No

If yes, where and in what capacity?

Do you have any links to the second-hand trade or alternative therapies?
(declaring any links can avoid a conflict of interest)

Yes No

If so, please give details:

Contact name (for emergency use only):

Contact telephone number:

Mobile telephone number:

Relationship to you (eg. daughter):

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.

Name:

Address:

Tel. No.

Relationship:

Name:

Address:

Tel. No.

Relationship:

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

To be retained in location where voluntary activity takes place.

Volunteer Data

Name:	Start Date:
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Address:

Telephone Number:	Mobile:
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Emergency Contact Details

Name:

Telephone Number:	Mobile:
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Relationship:

Medical condition and medications:

Days worked:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
am pm	am pm	am pm	am pm	am pm	am pm	am pm

Total hours per week:

Date of Birth:

Notes:
