

VOLUNTEER APPLICATION FORM

PLEASE COMPLETE THIS FORM IN BLACK INK

LOROS

Hospice Care for Leicester, Leicestershire & Rutland

Being there for *you*
and *your family*

PERSONAL DETAILS

Surname: _____ Forename: _____

Address: _____

Postcode: _____

Phone No: _____ **Email address:** _____

Please provide your date of birth: (DD/MM/YYYY) _____

In order to support you, have you suffered a bereavement which you feel may impact on your volunteering role at LOROS? YES NO Prefer not to say

Where did you hear about volunteering at LOROS?

Website LOROS Employee or Volunteer Volunteering Fair Social Media
Personal contact with LOROS LOROS Shop Other: _____

SKILLS AND EXPERIENCES

Please tell us about any skills, experience and interest that you have that might be relevant to voluntary service at LOROS, for example your past or present occupation or hobbies. (Please continue on another sheet as needed).

WHERE WOULD YOU LIKE TO VOLUNTEER?

Volunteers support LOROS in over 40 different roles, please see our website to view information about these. Our requirements can vary but please tick or describe which area(s) of volunteering you are most interested in;

Shops Care services - hospice Driving Reception or Admin Catering
Care services – community Fundraising/Lotteries Don't mind/open to ideas
Other - please describe: _____

We will talk with you about your availability, however please indicate below your general availability for volunteering.

Weekdays Weekends Anytime

IMMIGRATION STATUS

Do you require a Visa, Permit or Settled Status to live and volunteer in the UK? YES NO

If YES, please detail Visa/Permit type and expiry date or Share Code;

All volunteers will be asked to provide proof of their right to live and volunteer in the UK during the application process

HEALTH INFORMATION

At interview we will discuss with you any arrangements needed to accommodate disability or health conditions to support you in your volunteering role.

Do you need any specific requirements in order to attend an interview? YES NO

If YES, please give details:

REFERENCES

Volunteer roles at LOROS may require that we ask for references for you. The next section must, therefore, be completed fully and accurately.

Please provide the names of two persons who are able and willing to give you a reference. The first must be a person who has known you in a formal capacity (such as an employer/team member, school or college, religious institution). The second can be a friend or colleague. Both must have known you for at least two years and neither can be a member of your, or your partner's, family.

REFERENCE ONE

Name:

Address:

Postcode:

Telephone number:

Email:

Capacity in which the referee is known to you:

REFERENCE TWO

Name:

Address:

Postcode:

Telephone number:

Email:

Capacity in which the referee is known to you:

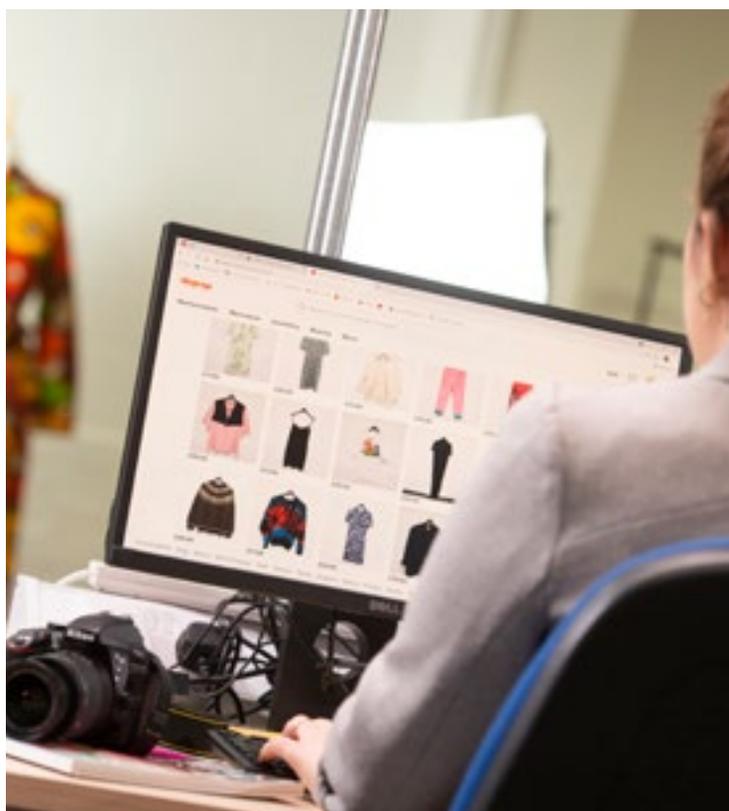
To meet regulatory and compliance requirements, all volunteers are required to complete a Disclosure and Barring Service check, the results of which need to be satisfactory to LOROS. More information will be provided.

Have you ever been convicted of a criminal offence?

(You do not need to disclose convictions deemed as spent under the Rehabilitation of Offenders Act 1974).

YES NO

If YES, please give details of offences, convictions and dates.



DATA PROTECTION

I understand that LOROS will hold and process personal data about me. This information is collected for the purposes of managing LOROS volunteers and, where necessary, for the conduct of LOROS business. I understand that some of the personal details LOROS will hold about me may be classed as sensitive (such as medical information). I understand that LOROS will not disclose any of my personal information to third parties unless required to do so by law or to meet a statutory obligation, or I have consented to that sharing where necessary.

In an emergency situation LOROS may provide emergency contact details and other appropriate information to those relevant authorities dealing with the emergency.

All details are held securely during the period of time that I am undertaking voluntary work for LOROS; and for six years after ceasing my voluntary work, at which time the records will be destroyed. LOROS are subject to the Data Protection Act 2018 (UK GDPR) and all applicable law about the processing of personal data and privacy; and will process personal data in accordance with all relevant legislation. I understand that I must comply with the provisions of the LOROS Data Protection Policy.

I understand that if I am not successful in my application to be a volunteer, my application form will be kept on file for six months following my application being received; at which point it will be destroyed.

For more information on your rights and what we do with your information, view the LOROS Privacy policy at loros.co.uk/about/data-protection/

AGREEMENT AND SIGNATURE

I certify that the information I have provided is to the best of my knowledge correct and undertake to inform you should this information change. I agree to complete a health questionnaire if required and agree that the Occupational Health nurse can discuss this with me (if required) in confidence.

I agree to be enrolled as a volunteer and for my details to be stored on the database. I agree to abide by the Volunteer Standard Operating Procedures and LOROS Policies. I declare that the information given on this form is true and complete to the best of my knowledge and belief.

Name:

Signature:

Date:



EQUALITY FORM – STRICTLY CONFIDENTIAL

LOROS aims to ensure that no individual receives more or less favourable treatment on the grounds of race, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, sex and sexual orientation and religion or belief.

We also aspire to be an inclusive and representative organisation where our staff reflect the diversity of our local communities. To help us do this, please use this form to describe how you see yourself. You are not obliged to answer any or all of the questions but the answers you do give will be very helpful to LOROS.

All information will be kept strictly confidential in accordance with the principles of the Data Protection Act 2018 and the UK GDPR and retained electronically on our internal systems, in line with our retention policy and schedule. The information will be used for publishing anonymous statistical data. In the event you disclose a medical condition that may affect your wellbeing in undertaking your role, we may need to discuss this with you further.

WHICH GENDER DO YOU IDENTIFY WITH?

Female Male Other (if you marked "other" how would you describe yourself)

PLEASE INDICATE IF THIS IS THE SAME SEX REGISTERED AT YOUR BIRTH

Yes No Prefer not to answer

WHAT IS YOUR DATE OF BIRTH?

| |

SEXUAL ORIENTATION

Bisexual Gay female/lesbian Gay male Heterosexual

Other (if you marked "other" how would you describe yourself)

Prefer not to answer

PLEASE CHOOSE ONE OPTION THAT BEST DESCRIBES YOUR ETHNIC GROUP

African

Arab

Black British

Bangladeshi or British Bangladeshi

Caribbean

Chinese

Irish

Indian or British Indian

Pakistani or British Pakistani

Prefer not to say

White and Asian

White and Black African

White and Black Caribbean

White British

White Gypsy or Irish Traveller

Other Asian background

Other African / Black / Caribbean background

Other white background

Any other ethnic group, please state:

PLEASE TELL US YOUR NATIONALITY

PLEASE CHOOSE ONE OPTION THAT BEST DESCRIBES YOUR RELIGION OR BELIEF

Agnostic	Christian	Islam
Atheist	Hinduism	Sikhism
Baha'l	Jainism	Prefer not to say
Buddhist	Judaism	Other, please state below:

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY, OR A LONG TERM ILLNESS, PHYSICAL OR MENTAL HEALTH CONDITION?

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term effect (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day to day activities.

Yes No Prefer not to answer

If you have answered "yes" to this question, please state the type of impairment that applies to you. People may experience more than one type of impairment.

Physical / Mobility Hearing Visual Developmental Mental Health Learning
Other (please state)
Prefer not to say

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM.



PLEASE SEND YOUR COMPLETED APPLICATION TO:
volunteers@loros.co.uk
Or return to your local LOROS shop