

Bracken Trust Cancer Support Centre
Cefnlllys Lane
Llandrindod Wells
Powys
LD1 5LJ
Tel: 01597 823646
E Mail: info@brackentrust.org.uk



Charity Number:

VOLUNTEER APPLICATION FORM

Surname:	Dr/Mr/Mrs/Miss/Ms/other:
Forename/s:	Known as:
Date of Birth:	
Address:	
Postcode:	
E Mail address:	
Home Telephone:	Mobile Telephone:
Emergency Contact: Relationship: Telephone number:	

Have you suffered any bereavement within the last 2 years?

We wish to ensure that any volunteer role offered will not put your health or well-being, or the safety of our patients, customers, staff and other volunteers at risk. It is important that you declare any health issues that may affect your ability to fulfil the key duties of the volunteer role you have applied for. Where reasonable adaptations can be made to make volunteering possible these will be considered. We may ask for more information to ensure that the role you have applied for will be suitable.

Your details will be treated in strict confidence and will be considered only in relation to this application. Please provide any details on a supplementary sheet and attach to this form.

Criminal Records Disclosure and other Relevant Information

Due to the nature of our work, some of our volunteer roles require you to undertake a criminal record check via the Disclosure & Barring Service. We are exempt from the Rehabilitation of Offenders Act 1974, and you are required to declare all criminal convictions whether or not they are 'spent'. Failure to disclose such convictions could result in you being released from a volunteer role.

Your declaration will be treated in strict confidence and will be considered only in relation to this application. Please provide any details on a supplementary sheet and attach to this form.

We take confidentiality very seriously and everyone who works in or for The Trust, whether in a paid or voluntary capacity, is bound by a professional rule of confidentiality and must not discuss any patient details outside the centre.

Other Relevant Information

Is there any other relevant information Bracken Trust should be aware of when considering your application?

Volunteering at Bracken Trust

Please provide details of your experience, skills and reason for volunteering (or attach a CV if you prefer). Include details of any previous voluntary work

Current or previous occupation(s): Once again please attach a CV or details on a separate sheet

Which areas would you be interested in working in? Please tick:

- | | |
|---|---|
| <input type="checkbox"/> Meet and Greet | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Gardening/ handyman | <input type="checkbox"/> Walking assistant |
| <input type="checkbox"/> Supporting fund raising events | <input type="checkbox"/> Charity shop - retail |
| <input type="checkbox"/> Charity shop - sorter | <input type="checkbox"/> Baking for cake stalls etc |

When would you be available to volunteer? Please tick the appropriate box to indicate if you would prefer weekday, weekend or evening roles:

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

References

Please give the names of two people from whom references can be obtained. These should not be relatives and preferably should have known you for at least 2 years.

Name (Dr/Mr/Mrs/Miss/Ms)	Name (Dr/Mr/Mrs/Miss/Ms)
Relationship:	Relationship:
Address:	Address:
Telephone:	Telephone:
Email:	Email:

Protecting Your Information

How we use your information

The information you provide on this application form will be used to process your application as part of our recruitment and selection process and to create and manage your information on our volunteer records.

Information shall be stored on the St Michael's Hospice internal database and your contact details will be shared with managers and team leaders. We will never sell your data to a third party.

Keeping you informed

We would like to keep you informed of our work by sending you a newsletter. In order to comply with recent GDPR legislation, please indicate how you would like to receive updates and information from Bracken Trust.

Please ensure you tick all relevant boxes.

Contact Method	Meetings/ Training		Newsletter	
	Yes	No	Yes	No
Email				
Phone				
Post				

We often take and use images for publicity, would you be happy for us to take and use your images whilst you carry out your volunteering with us in this way?

Yes No

Declaration

I can confirm that the information provided on my application form is true. I have not deliberately withheld any relevant information and I give consent Bracken Trust carrying out background and character checks as required.

Signature:

Date: