



# Volunteer Application Form

The information you give on this form will allow Beechwood to assess your suitability for voluntary work for Beechwood. It will also enable us to match your skills and experience to current vacancies and your availability.

Please complete ALL sections using **BLOCK CAPITALS**. Your details will be treated in the strictest confidence and will not be disclosed to any third party.

After completing all sections, please return the application form in the pre-paid envelope provided.

Beechwood uses volunteers at the Centre in Chelford Grove, Stockport, as well as five charity shops and the distribution centre

Where did you hear about opportunities to volunteer at Beechwood?

## Personal Details

Title: .....	First Name(s): .....	Surname: .....
Address: .....		
.....		
.....		Post Code: .....
Date of Birth:		
Telephone Contacts:		
Day:	Evening:	Mobile:
Email Address:		
Emergency Contact Details (Name & Telephone Number):		
Relationship to You:		

## Parental Consent Under 16

Parental/guardian consent This is required for volunteers under the age of 16. I give my consent for:-

(Volunteer's name)..... to volunteer with Beechwood

Signed: ..... Date:.....

(Signature of parent or guardian)

Relationship:

## Areas of Interest

Please tick the area(s) that you are interested in. We will always attempt to offer you the position you have shown interest in and which suits your skills and availability but please note that this may not be possible at the time of application.

<input type="checkbox"/>	Admin/Clerical work	<input type="checkbox"/>	*Beauty Therapist	<input type="checkbox"/>	Charity Shops	<input type="checkbox"/>	*Counsellor
<input type="checkbox"/>	Distribution Centre	<input type="checkbox"/>	**Driving Drivers Mates	<input type="checkbox"/>	Ebay	<input type="checkbox"/>	Electrical Pat Tester
<input type="checkbox"/>	Family Support Evenings	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Kitchen	<input type="checkbox"/>	Laundry
<input type="checkbox"/>	Patient Support	<input type="checkbox"/>	Reception Meet & Greet	<input type="checkbox"/>	*Therapist	<input type="checkbox"/>	

**\* Must hold a professional qualification to undertake therapies/counselling**

**\*\* Volunteer drivers must possess a full driving licence and be able to provide a current MOT (where applicable) Insurance Certificate and a letter from their Insurance Company stating that they are aware that the Insured's vehicle is being used to carry passengers to and from Beechwood.**

**All documentation will be photocopied and kept on file. Certificates must be provided annually at renewal.**

**\*\*\* Volunteer Drivers required to drive Beechwood's Van to distribute stock, a clean driving license is required.**

**Training will be provided where necessary.**

## Availability

Please state below the number of hours you would be able to provide on each day.



	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evenings						

Please provide further information concerning your availability, e.g. variable times / days each week.

Would you be willing to be placed on a list of volunteers we could contact at short notice or to assist at specific events, e.g. Supermarket Collections; Seasonal Fairs; Christmas Collections etc?

YES     
  NO     
 COMMENTS

Do you have any hobbies/pastimes that you feel could be helpful to Beechwood Cancer Care Centre?

YES     
  NO     
 COMMENTS

## Qualifications, Training & Experience

Please give details of any qualifications / experiences / training, which would support this application.

What is it that interests you in to volunteering with Beechwood?

## References

Please give the names of two **independent** referees to provide a character reference to support this application (**these must not be family members**). The referees should be able to testify to your suitability for a voluntary position.

**RELATIVES MUST NOT ACT AS REFEREES .**

Name: .....

Name: .....

Address: .....

Address: .....

.....

.....

.....

.....

Post Code: .....

Post Code: .....

Phone No(s):

Phone No(s):

Daytime; .....

Daytime; .....

Evening / Mobile; .....

Evening / Mobile; .....

Email: .....

Email: .....

Relationship to You: .....

Relationship to You: .....

## Disability

Do you have any disabilities, health needs or extra support needs we should be aware of when organising your volunteering?  YES\*  NO

\*If yes please give details to help us plan your volunteering:

## Equal Opportunities

Beechwood Cancer Care Centre has an Equal Opportunities Policy. The aim of this is to ensure that no applicant receives less favourable treatment on the grounds of sex, marital status, age, creed, colour, race or ethnic origin or is disadvantaged by requirements which are not able to be justified.

Please answer the following questions to ensure our policy remains effective.

This will be treated in the strictest confidence and used for monitoring purposes only.

Gender:  Male  Female

Marital Status:  Single  Married  Other

Ethnic Origin (Please tick)

- |                          |                                 |                          |                                      |
|--------------------------|---------------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | White British                   | <input type="checkbox"/> | Asian or Asian British – Indian      |
| <input type="checkbox"/> | White Irish                     | <input type="checkbox"/> | Asian or Asian British – Pakistani   |
| <input type="checkbox"/> | Any other white background      | <input type="checkbox"/> | Asian or Asian British – Bangladeshi |
| <input type="checkbox"/> | Mixed – White & Black Caribbean | <input type="checkbox"/> | Any other Asian background           |
| <input type="checkbox"/> | Mixed – White & Black African   | <input type="checkbox"/> | Black or Black British – Caribbean   |
| <input type="checkbox"/> | Mixed – White & Asian           | <input type="checkbox"/> | Black or Black British – African     |
| <input type="checkbox"/> | Any other mixed background      | <input type="checkbox"/> | Any other Black background           |
| <input type="checkbox"/> | Chinese                         | <input type="checkbox"/> | Other (please specify)               |

## Declarations

Prior to the commencement of any voluntary role, you will be asked to attend an informal interview and your references will be requested. A Disclosure and Barring Service check will be undertaken for all posts based within the Beechwood Centre. Convictions will not necessarily be a bar to you obtaining a voluntary position with us, these checks enable us to make safer recruitment decisions for the benefit of our service users. However due to the nature of the volunteering role you are applying for, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act, 1974. Applicants must declare information about convictions, cautions, reprimands and final warnings, which for other purposes are “**spent**” under the provisions of the Act.

Have you ever been convicted, cautioned, reprimanded or given a warning for a criminal offence that is not protected as defined by the rehabilitation of offender’s act 1974?  YES\*  NO

\*If **Yes**, please give details on a separate sheet and enclose in a sealed envelope marked for the attention of the Community & Volunteer Manager, and return with your completed application form.

Do you need a work permit to work in the UK?  YES  
 NO

If you are from the European Union, you are able to volunteer in the UK. For those from outside the EU, you will need to check that your visa allows you to volunteer. We advise that you contact the UK Borders and Immigration Agency for more information.

## Confidentiality of Information

### Data Protection

The data we gather and hold is managed in accordance with the Data Protection Act (1998). We will not disclose or share personal information supplied by you with any third party and if you are accepted as a volunteer your personal information will be included on our database. All personal documentation we hold that relates to you will be retained for a period of 12 months after you have left your volunteering role, after which time it will be shredded.

We will keep in touch with you by sending our quarterly Newsletter so that you don't miss out on any of our news. If you prefer not to receive our Newsletter, we will be happy to remove your details from the database immediately you ask us to do so. You can contact us either in writing to Beechwood, Chelford Grove, Stockport SK3 8LS, by email to [fundraising@beechwoodcancercare.co.uk](mailto:fundraising@beechwoodcancercare.co.uk) or by calling us on 0161 744 9407

**All matters relating to the internal affairs of Beechwood Cancer Care must be confidential and on no account should this confidence be betrayed. Any departure from the foregoing standards of confidentiality will be regarded as gross misconduct, which could lead to immediate dismissal from your voluntary role.**

**I declare that I have read and understood this statement and will abide by the above.**

## Declaration

I understand that this is a voluntary position and not paid position.

I declare that to the best of my knowledge, the information I have given on this form (plus any accompanying documentation) is true, accurate and up to date. I also understand that any false statements made on this form may result in the termination of a voluntary appointment made.

Signature: .....

Date: .....

Thank you for completing the volunteer form, please return the form in the freepost envelope provided or email directly to: [volunteering@beechwoodcancercare.co.uk](mailto:volunteering@beechwoodcancercare.co.uk)

If you have any queries regarding your application to become a volunteer please contact:

Lorraine Fairclough Community & Volunteer Manager

Telephone 0161 476 0384 or email [lorraine@beechwoodcancercare.co.uk](mailto:lorraine@beechwoodcancercare.co.uk)