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**Volunteer Application**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Next of kin Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area of interest: (**please circle all relevant categories**)**

**Admin Memory Group Fundraising**

**Gardening Hospitality Book Trolley**

**Driving Driver Co-ordinator Projects**

**Volunteer Co‑ordinator Other (please specify)**

**Please tell us a little about yourself i.e., your experience and interests and why you would like to volunteer.**

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**References**

Please give names and addresses of two referees. Ideally the first reference should be from someone with whom you have worked with in a paid or voluntary capacity. Please ensure that your referees are not family members.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone: Telephone:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: Email

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you know referee one? you know referee two?

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**Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975**

The role you have applied for is exempted from the Rehabilitation of Offenders Act 1974, which means that all criminal convictions, cautions, warnings or reprimands or current police investigations need to be disclosed that are not protected under the Rehabilitation Offenders Act 1974 (exceptions) Order 1975 (Amendment) (England and Wales) Order 2013. Convictions obtained abroad must also be declared as well as those from the UK. To protect adults at risk of abuse for roles such as driving to medical appointments or shopping a Disclosure and Barring Service (DBS) disclosure may also be required.

Have you been convicted of any criminal offence at any time? Yes No

Do you have any charges pending? Yes No

If yes, please give details of the conviction(s), charge(s) and date(s). Please provide these for the Friends of Fareham Community Hospital Safeguarding Representative in an envelope marked ‘confidential’.

**Privacy Notice and Declaration**

The information you provide on this form will be used for the purpose of a safer recruitment process and assessing your suitability for roles, to ensure we are complying with our legal obligations. If for any reason your application does not go forward, we will retain the information for a further six months, after which it will be destroyed. If your application is successful, this information will become part of your volunteer file and retained during your time as a volunteer.

We hold the information you supply on our database for the purpose of running the Friends of Fareham Community Hospital (FFCH) charity. You consent to FFCH holding the data you have provided, and you agree to be contacted by either email, phone, text, or WhatsApp.

We do not share the data outside of what is necessary to run the charity. Please contact Admin if you wish us to destroy your data, or you wish us to stop contacting you by any of these methods at any time.

I understand that any offer of volunteering with Friends of Fareham Community Hospital is subject to the satisfactory receipt of documentation including references, a Confidential Declaration form, and a DBS check (if appropriate) and is binding in honour only. By signing below, you are declaring that to the best of your knowledge the information given on this form is correct, and you are consenting to your personal information being used for the purposes set out above.

Signature……………………………………………………. Date……………………………………

please email a copy of this form to

Elaine Gamm: elainegamm@hotmail.co.uk