



# South Bucks Hospice

## Affirming life with palliative care

### Volunteering Registration & Agreement Form

Thank you for offering your services as a volunteer to support South Bucks Hospice. Volunteers are a vital part of our work and help us to improve and increase the range of support we are able to offer to local people with long term and life-limiting illnesses.

Whatever time you are able to give us will make a real difference to the local community.

Please tell us what area(s) you are interested in:

Fundraising	Shop	Community Hospice
Events	Shop	Reception
Ambassador	Ebay	Transport for patients
Street collecting	Re-use	Therapy support
	Warehouse	Gardening
		DIY
		Helping in the kitchen/cooking

# Volunteer Application Form

## Personal information

Location applying for if known:

<b>Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Email</b>	
<b>Contact phone number(s)</b>	

## Emergency contact

<b>Name</b>	
<b>Relationship</b>	
<b>Contact phone number(s)</b>	

## About you

<b>Previous/current voluntary work</b>	
<b>Previous/current employment</b>	
<b>Hobbies/interests</b>	
<b>Do you have any health issues that may affect the areas you are able to volunteer?</b>	<b>Yes/No (If yes please expand)</b>
<b>Do you have the use of a car?</b>	<b>Yes/No</b>
<b>Do you have any previous or unspent convictions?</b>	<b>Yes/No (If yes, please provide further details)</b>
<b>How did you hear about volunteering with us?</b>	

**Two referees** (not members of your family and who have known you for at least 2 years)

<b>Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Contact phone number</b>	
<b>Email</b>	

<b>Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Contact phone number</b>	
<b>Email</b>	

I consent to **my details being added to the South Bucks Hospice database** in compliance with the **Data Protection Act 1998 and understand my details will not be divulged to a third party**. I declare that the information provided is, to the best of my knowledge, accurate and truthful. I understand that all information regarding South Bucks Hospice, its business dealings and patient information is strictly confidential and I will not divulge such details. By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in involuntary termination.

**If you do not want to receive future mailings from us**, except for periodical Volunteers and Supporters Newsletters and updates, **please indicate here:**

<b>Name (printed)</b>	<b>Signature</b>	<b>Date</b>

**Please return this completed application form to [volunteer@sbhospice.org.uk](mailto:volunteer@sbhospice.org.uk) or post:**

Volunteering  
Pusey House, 9b Amersham Road  
High Wycombe  
Bucks HP13 6PN

<b>Office Use Only</b>	Application received:	Date references applied:
1 <sup>st</sup> ref received:	2 <sup>nd</sup> ref received:	Volunteer start date:
Name of manager:	Signature:	Date:

# South Bucks Hospice Volunteer Agreement

This volunteer agreement describes the arrangement between South Bucks Hospice and

---

We wish to assure you of our appreciation of your volunteering with us and we will do the best we can to make your experience of volunteering with us enjoyable and rewarding.

## Part 1: The organisation

Your role as volunteer is (state the nature of the work) \_\_\_\_\_  
and starts on (date) \_\_\_\_\_. The work is designed to (state how the work benefits the organisation)

---

South Bucks Hospice commits itself to the following:

### 1. Induction and training

- To provide you with a thorough induction on the work of South Bucks Hospice and its staff, your volunteering role and the induction and/or training you need to meet the responsibilities of this role. The Volunteer Handbook provides full details of the organisation.

### 2. Supervision, support and flexibility

- To explain the standards we expect for our services and to encourage and support you to achieve and maintain them.
- To provide a named person who will meet with you to discuss your volunteering.
- To do our best to help you develop your volunteering role with us.

### 3. Expenses

- Where necessary, South Bucks Hospice will cover your expenses for travelling to and from your volunteering location. (I.e. Hospice charity shops, Pusey House, Re-use shops)

### 4. Health and safety

- To provide adequate training and feedback in support of our health and safety policy, a copy of which is in the Volunteer Handbook.

### 5. Insurance

- To provide adequate insurance cover for volunteers whilst undertaking voluntary work approved and authorised by us.

### 6. Equal opportunities

- To ensure that all volunteers are dealt with in accordance with our equal opportunities policy, a copy of which is set out in the Volunteer Handbook.

**Part 2: The volunteer**

I \_\_\_\_\_ agree:

- To perform my volunteering role to the best of my ability
- To follow the organisation’s procedures and standards, including those relating to health and safety and equal opportunities, in relation to its staff, volunteers and clients
- To respect all other staff, volunteers and customers at all times
- To meet time commitments and standards agreed to, and to give reasonable notice so that other arrangements can be made if I’m unable to fulfil my commitments
- To provide referees, as agreed, who may be contacted, and to agree to a DBS check being carried out where necessary.

This agreement is binding in honour only, is not intend to be a legally binding contract between us and may be cancelled at any time at the discretion of either party. Neither of us intends any employment relationship to be created either now or at any time in the future.

Signed on behalf South Bucks Hospice: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signed by volunteer: \_\_\_\_\_

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

**If applicant is under 16 years old, a parent/guardian signature is required below:**

Signature: \_\_\_\_\_ Relation: \_\_\_\_\_

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

By signing below you state that you have read and understood the till and PIN procedure and all checked points above:

Manager: Print Name.....

Signature.....

Volunteer: Print Name.....

Signature.....

**CONFIDENTIALITY**

In your work with the South Bucks Hospice, it is essential to respect the confidences of both staff and patients. This means you may not disclose any details of the patients you meet, not even their names.

Volunteers do not have access to patient notes. Certain volunteers and students from professional backgrounds may be permitted occasional access to records, depending on their duties, at the discretion of nursing staff.

You may not discuss details of budgets, targets, or any other financial matters relating to Hospice business.

***This is in line with the policies of other professional bodies.***

**I have read and understand the rules of confidentiality and I understand that failure to comply could result in dismissal.**

**Signed:** .....

**Dated:** .....