

PLEASE NOTE: Volunteers must be over 18 years old. Any information given on this form is confidential, stored securely, and only used for the purposes of volunteering for Stonepillow.

## PERSONAL DETAILS

Full name: \_\_\_\_\_

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

Postcode: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## HOW DID YOU HEAR ABOUT STONEPILLOW?

\_\_\_\_\_

## WHY WOULD YOU LIKE TO VOLUNTEER FOR STONEPILLOW?

\_\_\_\_\_

## ARE YOU CURRENTLY OR HAVE YOU PREVIOUSLY BEEN A CLIENT AT STONEPILLOW?

YES: \_\_\_\_\_ NO: \_\_\_\_\_ DETAILS \_\_\_\_\_

Would you like to volunteer AD HOC or REGULARLY: \_\_\_\_\_

Do you hold a valid UK driving license?  
\_\_\_\_\_

Do you own your own car?  
\_\_\_\_\_



## **Employment & Voluntary Experience**

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**Present employment and/or voluntary experience/s:**

**Previous employment and/or voluntary experience/s:**

## **Skills & what could you offer?**

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**Details of other skills, qualifications or interests that may be relevant:**

## REFEREES

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

Occupation: \_\_\_\_\_

How do you know this referee: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

How do you know this referee: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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## HEALTH & ADDITIONAL NEEDS

	YES	NO	COMMENTS
Do you have any medical issues/ physical health needs we should be aware of?	<input type="checkbox"/>	<input type="checkbox"/>	.....
Any other info we should be aware of?	<input type="checkbox"/>	<input type="checkbox"/>	.....

## REHABILITATION OF OFFENDERS ACT 1974

**Do you have any criminal convictions, cautions, bind-overs or prosecutions pending (whether spent or not under the Rehabilitation of Offenders Act)**

**Yes / No**

If Yes, please provide details to the HR Manager in a sealed envelope marked "Strictly Confidential" and return the envelope with your application. We do not accept applications from Schedule 1 offenders. Depending on the voluntary role you will be undertaking, in order to comply with the Care Standards Act we may require volunteers to undertake a DBS (Disclosure & Barring Service) check. Please note that a criminal record will not necessarily preclude you from volunteering at Stonepillow, any information disclosed will be subject to a risk assessment and will only be a bar to you volunteering with us where there is a potential risk to Stonepillow or the vulnerable adults in its care. As part of this Disclosure, the PoVA (Protection of Vulnerable Adults) list is also checked. In relation to this list you will be signing the following statement: "I have not been involved in any incident(s) of misconduct in relation to vulnerable adults."

## CONFIDENTIALITY

In working with clients of Stonepillow, you will often deal with or hear information, which is of a confidential nature. This may be of a personal nature or it may be to do with the work of a group or an organisation. It is important that all of our clients feel confident that they can speak freely in their dealings with us and it is therefore essential that you understand the importance of confidentiality. It is essential that you do not pass on information that you receive from our about our clients or Stonepillow to anyone outside of the organisation. In signing this form, you agree to hold as confidential anything you hear or see relating to a client, to the service or to a fellow worker and restrict discussion about clients within the work area. You agree that all such discussions should be purposeful and never frivolous.

## DECLARATION

General Data Protection Regulations – Any personal information such as name, postal address, telephone number, emergency contact details and email address given via this form will only be used for volunteering purposes and to keep in touch with you about volunteering opportunities with Stonepillow. It will be stored securely, and will not be disclosed to any other third party without your prior permission or unless we are required to do so by law.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Please return by email to: [admin@stonepillow.org.uk](mailto:admin@stonepillow.org.uk)  
or by post to: Stonepillow, Chichester District Council, Chichester PO19 1TY**

**RESTORE APPLICATIONS PLEASE EMAIL: [vascoordinator@stonepillow.org.uk](mailto:vascoordinator@stonepillow.org.uk)  
or post Stonepillow Restore, Terminus Road, Chichester PO19 8UE**