

Volunteer Agreement

As a volunteer with Thames Hospicecare (THc) you can expect:

- ◆ To be involved with an organisation that is dedicated to providing the best possible specialist care and support for local families living with life-limiting illness.
- ◆ A supportive and positive environment that ensures you enjoy your volunteering
- ◆ Opportunities to influence the development of our services
- ◆ To be treated with respect and courtesy
- ◆ To be treated fairly regardless of gender, sexual orientation, age, parental or marital status, disability, religion, colour, race, ethnic or national origins, or socio /economic background
- ◆ A named contact for support
- ◆ Relevant and up to date information and advice about your workplace
- ◆ Recognition and thanks
- ◆ Reimbursement of any reasonable out of pocket expenses incurred in the course of volunteering
- ◆ Adequate public liability insurance
- ◆ Respect to your right to privacy and that of your contacts

In return we ask that you:

- ◆ Support our philosophy and values
- ◆ Remember that you are a representative of Thames Hospicecare
- ◆ Reach a shared understanding with us summarising your role and commitment
- ◆ Are open and honest in your dealings with us
- ◆ Respect and follow our rules on confidentiality
- ◆ Attend a Hospice Information Day and undertake relevant training
- ◆ Attend mandatory training as required by Thames Hospicecare to meet its registration commitments.
- ◆ Treat fellow volunteers and staff with courtesy and respect
- ◆ Let us know if you wish to change the nature of your contribution
- ◆ Let us know if we can improve the service and support that you receive.

I have read and understood the above

Signed: _____

Date: _____

THAMES
hospicecare
together we care

Thames (THc) Hospicecare Volunteer - Application Form

Please return this Form to: Volunteering, Freepost, Thames Hospicecare,
Pine Lodge, Hatch Lane, Windsor, SL4 3RW or to your local Hospice Shop Manager.

Name _____

PRINT PLEASE

Address _____

Postcode _____

Email address _____

I am over age 16

Phone: Daytime _____

Evening _____

Please enter the number/s we can best reach you on

Mobile _____

Gender: Male Female

Because of the nature of our work you are required by the Rehabilitation of Offenders Act 1974 to declare all criminal convictions including those, which are spent. Is this relevant to you No Yes
This does not prevent you from applying and would be discussed at interview.

Contact in emergency: Name _____ Phone _____

Do you have any access requirements? (e.g. wheelchair access etc) _____

At what times would you prefer to volunteer?

flexible weekdays weekends daytime evenings other

Where did you here about volunteer work at THc?

advertisement website THc leaflet word of mouth other

Please tick the type/s of volunteer work that interest you:

- | | |
|--|---|
| <input type="checkbox"/> Ebay trading | <input type="checkbox"/> Working in reception |
| <input type="checkbox"/> Working in a THc shop | <input type="checkbox"/> Working in fundraising |
| <input type="checkbox"/> which shop? _____ | <input type="checkbox"/> Volunteer Driver* |
| <input type="checkbox"/> Working in THc Windsor | <input type="checkbox"/> Laundry and Flowers |
| <input type="checkbox"/> Working in THc Ascot | <input type="checkbox"/> Gardening project |
| <input type="checkbox"/> Helping in general admin duties | <input type="checkbox"/> Creative projects |

*Volunteer Drivers only: Do you hold a clean driving licence: Yes/No

Age, if over 65: _____

Name and phone numbers of two personal referees:

Name _____ Phone: _____

Name _____ Phone _____

Please sign both sides of this form. Thank you

Your Signature _____ Date _____

Registered Charity No: 1108298

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