

VOLUNTEER APPLICATION FORM



PLEASE NOTE - all information provided in this form will be maintained in the Strictest Confidence, if you should have any difficulty completing the form, please do not hesitate to contact the < F 'XYdUfha Ybhat The Sussex Beacon.

*A national care centre
for people with
HIV/AIDS related illness*

CHARITY SHOP PLACEMENTS ONLY

NAME: _____

ADDRESS _____

POST CODE: _____

TEL NO: Day: _____ **Evening:** _____

E-MAIL : _____

Present Occupation (if applicable): _____

Previous Work Experience: _____

Have you ever undertaken any previous voluntary work, if so, please give details:-

How much time would you be able to give?

	9.00 AM - 1.00 PM	1.00 PM - 5.30 PM	EVENINGS
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY/ SUNDAY			

Would you be prepared to assist at other general Fundraising events? YES NO
 (A number of these events take place at weekends)

**If you wish to undertake driving duties for The Sussex Beacon
 PLEASE COMPLETE THE FOLLOWING:-**

DRIVING DETAILS ONLY

In what capacity would you be willing to drive?

Van Driving - Yes No General - Yes No**

Do you have fully comprehensive insurance? Yes No

If NO - Scope of cover: _____

Type of vehicle: _____

**** Collections/Deliveries by van may involve lifting**

DRIVING DETAILS cont.

Do you have any 'spent' or pending Summonses? Yes No

If YES, please give details:

Date: _____

Date: _____

SPECIFIC SKILLS

Do you have any specific skills (other than general) that you feel you would like to use in your role as volunteer in our Charity Shops?

**HAVE YOU EXPERIENCED ANY 69F 95J 9A 9B H RECENTLY,
OR ANY OF THE FOLLOWING LIFE EVENTS?**

Redundancy, retirement, divorce, major illness, other? Please give dates and brief details:

How did you hear about Volunteer Opportunities at The Sussex Beacon?

Please give your reasons for your offering your support to The Sussex Beacon and it's retail outlet:

(Please continue on a separate sheet if necessary)

We are exempt from the provisions of the 1974 Rehabilitation of Offenders Act, so that maximum protection can be given to the public. You are therefore required to declare if you have any criminal Convictions whether or not they are 'spent'.

Your declaration will be treated with strictest confidence.

DO YOU HAVE A CRIMINAL RECORD/ANY CONVICTIONS (other than driving)? YESNO

If yes, please give dates and details

NAMES AND ADDRESS OF TWO REFEREES

(Not relatives)

Reference 1	Reference 2
Address:	Address:

“The Sussex Beacon wholeheartedly supports the principle of equal opportunities in employment, volunteer recruitment and access to services”

(Our Equal Opportunities Policy is available in full at The Sussex Beacon)

THE SUSSEX BEACON

”Volunteer”



The Sussex Beacon Volunteer is a highly valued member of our team, this is reflected in our selection process, the training, supervision and on-going support that we provide throughout the time that you are with us.

We endeavour to hold regular Volunteer meetings which provide the opportunity to meet other team members and our quarterly Newsletter keeps you updated with news and events.

Volunteering covers most aspects of the daily duties which are carried out within the unit (with the exception of direct clinical/nursing care) and our Charity Shop/external fund raising events are heavily reliant on volunteer support.

In your decision to become a volunteer you may simply have a little time on your hands, or wish to re-focus in some aspects of your life, or a personal motivation to work within the field of HIV/AIDS. Whatever your reasons, we will value the gift of your time and your commitment.

We would kindly request that you read the enclosed literature and complete the Volunteer Application Form, if you should experience any difficulty in completing the questions or simply wish to clarify your response, please do not hesitate to contact us at The Sussex Beacon on 01273 694222 or E-Mail vol@sussexbeacon.org.uk

We thank you for your interest in The Sussex Beacon and for your time in completing this form.

Please Return the completed form to:

The Sussex Beacon, Bevendean Road, Brighton. BN2 4DE

Thank you

NOMINEE FOR CONTACT

in the event of emergency



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Volunteer Name: _____

Name of nominee: _____

Relationship: _____

Address: _____

_____ **Post Code:** _____

Telephone number: _____

Please retain this cover and use the space provided to note down any questions that you may have and wish to discuss at your informal interview -

Thank you



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Philosophy

All who work at The Sussex Beacon aim to provide a high quality service to clients and their significant others.

We endeavour to work with relevant agencies as part of an integrated approach to care in order to achieve this.

When appropriate, we encourage clients and their significant others to be as involved as possible in the planning and delivery of their care and we aim to create an environment which is safe and supportive with respect for all their needs.

We recognise that each client is an individual and endeavour to work with them in providing holistic care and aim to meet his/her physical, psychological, spiritual, social and cultural needs.

We seek to create a supportive environment for all those who work at The Sussex Beacon by respecting and recognising the skills and experience individuals bring with them to the team.

We acknowledge the developmental needs of those who work here and we aim to meet these through appropriate training and education.