

**Confidential**

## Volunteer Application Form

### Personal details

**Title:**                      **First name:**                      **Last name:**

**Address:**

**Contact telephone number:**                      **Mobile:**  
(Please provide a daytime contact number)

**Email:**  
(Applicants must have an e-mail address)

### Please highlight which court you would prefer to volunteer at:

Ampthill	Barnet	Beaconsfield	Blackpool
Bournemouth	Bradford (also covering Huddersfield & Halifax)	Brighton	
Chelmsford	Cleethorpes, Scunthorpe & Grimsby	Coventry	
Croydon	Crook & Durham	Exeter	Flax Bourton
Fulham	Hatfield	Horsham	Huntingdon
Ipswich	Leicester	Lincoln (Boston)	Liverpool
Maidstone	Milton Keynes	Morpeth	Newcastle
Newport	Northampton	Norwich	Nottingham
Oxford	Plymouth	Reading	Shrewsbury
Southwark	Stafford	St. Pancras (also covering Poplar & Bow)	
Stockport	Stoke on Trent	Sunderland	Taunton
Truro	Warrington	Woking	

**Please tell us why you would like to volunteer with the Coroners' Courts Support Service and what experience, skills and knowledge you feel you have that will enable you to fulfil the role:**

**Which days would you be available to volunteer in the Coroner's Court?**

*Please note that Courts can vary between the number of days they sit in the working week. Some sit Monday-Friday, but some less often*

**So that we can provide you with the appropriate support, it would be helpful if you could indicate any additional needs that you may have** for example: health, religion, culture, mobility (the nature of the role can result in extended periods of sitting) – please state

**Please tell us what languages (including British Sign Language) you can speak:**

**Where did you hear about volunteering for the Coroners' Courts Support Service?**

**Emergency/Next of Kin Contact Details.** This is in case you become unwell while volunteering with us:

Name:

Relationship to you:

Contact telephone number:

**References** (these references will not be taken up until after the formal training)

Please give details of two people one of which could be a long standing friend and the other should have known you in a working capacity

**Reference 1**

Full name:

Address:

Town:

County:

Post code:

Contact telephone number:

Email (*preferred method for obtaining references*):

Capacity in which this person knows you:

**Reference 2**

Full name:

Address:

Town:

County:

Post code:

Contact telephone number:

Email (*preferred method for obtaining references*):

Capacity in which this person knows you:

## Your Information

Your details will only be shared within the Coroners' Courts Support Service (CCSS) and used to contact you about your volunteering and provide you with updates and information about the CCSS. We will not sell, swap or pass on your details to anyone outside the CCSS. The information we hold and process is compliant with the General Data Protection Regulations (May 2018). See [CCSS Privacy Notice](#).

## Confidentiality Agreement

At the end of this application form, you'll find a confidentiality agreement. All prospective volunteers need to read, sign, and date this before they can begin volunteering in court. Please make sure this is completed as part of your application.

## Statement and Declaration

The CCSS complies with [Disclosure and Barring Service \(DBS\) Code of Practice](#). Standard DBS checks are required for all volunteering within the Court environment. Failure to reveal information about offences or other matters that might be relevant to the position could lead to withdrawal of the offer to volunteer. Our Recruitment of Ex-offenders Policy can be found [here](#).

I agree that after successful completion of the 2-day training a DBS check will be conducted and for the results of this to be disclosed to The Coroners' Courts Support Service.

*N.B. If successful in your application and you are already registered with the online DBS Update Service we would need your permission to check the registration, and for you to supply us with your certificate number. If you are not registered but have a Standard DBS certificate that is less than 3 years old this will be accepted. After the 3 years has expired you agree to apply and register with the DBS Update Service.*

*If you have not been resident in this country long enough to supply us with the documentation required for the DBS check please provide us with a certificate of good conduct. This document can be requested by you from your embassy.*

I am over 18 years of age and I am applying to become a volunteer with The Coroners' Courts Support Service. I understand this is an agreement to volunteer only and does not form part of any employment contract. I declare that the information I have given on this application is true to the best of my knowledge and consent to my personal information being shared within the CCSS as set out in the CCSS Privacy Notice and in compliance with GDPR.

Signed:

Date:

Print name:

**Please email this application and signed confidentiality agreement back to:**

**[info@ccss.org.uk](mailto:info@ccss.org.uk)**

If you have difficulty completing this form, please do contact us.

# Confidentiality Agreement for Volunteers Supporting Bereaved Families

As a volunteer with the Coroners Courts Support Service (CCSS), you may meet or speak to individuals and families who are experiencing grief, trauma, or distress following the death of a loved one. During your role, you may also receive access to confidential information related to coronial proceedings, inquests, or sensitive personal matters. This will apply when volunteers attend inquests or public inquiries or volunteer on the CCSS Helpline. It is essential that this information is treated with the highest level of respect and confidentiality.

By accepting your role, you agree to the following terms:

## **1. Definition of Confidential Information**

Confidential information includes (but is not limited to):

- Personal details and circumstances of bereaved families and individuals
- Information about deaths, investigations, inquests, and any related legal proceedings
- Conversations, documents, or observations made in or around the court or service environment
- Information shared by coroners, police, legal representatives, or support staff
- Any information not publicly available that you learn through your voluntary work

## **2. Obligation of Confidentiality**

You agree:

- **Not** to disclose any confidential information to individuals outside of **The CCSS**, including family, friends, or members of the media. Confidential information should only be shared with individuals within The CCSS where that is necessary for your volunteering role and volunteers should share such confidential information on an anonymized basis where possible (i.e. not mentioning individuals' names or other identifying information)
- **Not** to record, discuss, or disseminate confidential information in any written, electronic, or verbal form unless authorised
- To conduct all interactions with bereaved families with discretion, empathy, and professionalism
- To take reasonable steps to ensure the privacy of individuals, including avoiding sensitive conversations in public or communal spaces
- It is acknowledged that in rare circumstances volunteers may witness upsetting information in the course of attending inquests and may wish to debrief those experiences. In these circumstances volunteers should debrief with their Lead Volunteer and/or their Regional Director or in their absence the CEO.

## **3. Legal and Ethical Exceptions**

You understand that:

- Any information that gives rise to safeguarding concerns, risk of harm, or criminal activity **must** be reported immediately to your Regional Director or the designated safeguarding lead, which is the CEO
- You may be required to share certain information by law, but this must be done through the correct organisational process and never independently

#### **4. Continuing Duty**

Your duty to maintain confidentiality continues indefinitely, even after your volunteering role ends. You must not retain, share, or use any confidential information obtained during your time with The CCSS.

#### **5. Breach of Confidentiality**

Where The CCSS becomes aware of a breach of confidentiality the CEO will assess the matter on a case by case basis and where appropriate will consult with the volunteer concerned with a view to, for example, providing additional training for the volunteer. However, in appropriate circumstances, depending on the nature of the breach as assessed by the CEO, such consultation may not be appropriate, and a breach of confidentiality may result in:

- Immediate termination of your volunteering role
- Removal from the organisation's volunteer programme
- Potential legal or disciplinary action, depending on the nature of the breach

#### **Acknowledgement**

I have read and understood this confidentiality clause. I accept and agree to abide by these terms in all my work with bereaved families and related services.

Signed: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_