

VOLUNTEER APPLICATION



Registered Charity no 1123314

PERSONAL INFORMATION

First Name : Surname :

Address :

County : Postcode :

E-Mail :

Telephone : Mobile :

Date Of Birth : Gender :
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ABOUT YOU

Why would you like to become a volunteer?

Do you have any medical conditions we should be made aware of?

Employment Status : Full Time Part Time Self Employed Retired

Do you have use of a vehicle : Yes No

Clean driving licence : Yes No



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Please tick the boxes which apply to your skills :

Administrative Support

Car Park Attendant

Event Set Up

Leaflet Drop

Manual Handling

Marshalling

Money Handling

Organisational Skills

Public Speaking

Visitor Interaction

Additional skills :

Carpentry

Crafts / Sewing

Cooking / Baking

Gardening

REFERENCE - 1

First Name : Surname :

E-Mail :

Telephone : Relation :

REFERENCE - 2

First Name : Surname :

E-Mail :

Telephone : Relation :

ADDITIONAL INFORMATION

How did you hear about us?

Would you like to receive the following : Monthly E-news Twice yearly newsletter

Photo / Video consent : Yes No

As a volunteer, you may be required to participate in group training sessions. These sessions are an excellent opportunity to acquire new skills, learn about the Hospice/Charity, and meet the team.

Volunteer signature

More Information :

01722 416353 / info@salisburyhospicecharity.org.uk

