Salisbury Hospice Charity

YOUR SUPPORT IS OUR FUTURE

VOLUNTEER APPLICATION

Registered Charity no 1123314

PERSONAL INFORMATION

First Name : Surname :

Address :

County : Postcode :

E-Mail :

Telephone : Mobile :

Date Of Birth : D D M M Y Y Gender :

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 / volunteering@salisburyhospicecharity.org.uk