* 

**Reference**

(Please note if you already volunteer for Hospice or Charity this isn’t required)

**Full Name:**

**Relationship:**

**Address:**

**Contact no: Email:**

**I am happy to be contacted by Salisbury Hospice Charity quarterly about upcoming volunteering opportunities (Please Tick).**

**Please complete and return to the address below:**

**Title: Mr/Mrs/Miss/Ms**

**Forename: Surname:**

**Address:**

**Contact no: Postcode:**

**Contact number: Email:**

**Do you have any medical conditions we should be aware of: Yes / No**

**If yes please specify:**

****

Please return to:

Salisbury Hospice Charity, Odstock Road, Salisbury, Wiltshire, SP2 8BJ

or

Email:info@salisburyhospicecharity.org.uk

Tel: 01722 416353

**Signature: Date:**

Volunteer for

Salisbury Hospice Charity