



VOLUNTEER APPLICATION FORM

SURNAME: _____ (Mr/Mrs/Miss/Ms)

GIVEN NAMES: _____ DOB: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____ WK: _____

EMAIL: _____

DO YOU HOLD A CURRENT BLUE CARD: YES / NO

If Yes: No. _____ Expiry Date _____

WHY DO YOU WANT TO BECOME A HOSPICE VOLUNTEER: _____

WHEN ARE YOU AVAILABLE TO VOLUNTEER: (Hours / days)

I AM INTERESTED IN VOLUNTEERING IN THE FOLLOWING AREAS – TRAINING AND SUPPORT WILL BE GIVEN WHERE REQUIRED: (Please circle)

Fundraising

Marketing

Charity Shops

Maintenance

Driving

Gardening

Housekeeping

Cooking

Admin

Outreach Service (support in clients homes))

Grief and Loss, Bereavement)

Under the direction of a professional person

Support House (support personal care)

Under direction of Support House Co-Ordinator

REFEREES: (two names required – not relatives)

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

SIGNATURE OF APPLICANT: _____ DATE: _____