

Fundraising Volunteer Registration Form



Thank you for your interest in volunteering. We look forward to welcoming you to our growing team.

What vacancy are you applying for?

Your Personal Details

Full Name
(including title)

Address
(including postcode)

Date of Birth
(for permit purposes)

Home Telephone

Mobile Telephone

Email Address

Your Emergency Contact Details

Please tell us who we should contact in case of an emergency:

	Emergency Contact 1	Emergency Contact 2
Name		
Relationship To You		
Telephone Number		

Your Safety

Your safety and that of others is paramount at all times. As far as you are aware, you are fit and able to undertake a volunteer role and have no health related conditions or physical restrictions that may affect you or other participants. I agree or I need to discuss

Information Consent

As a Fundraising volunteer, you will be added to our Hospice mailing list in order to receive information about Hospice news and future Fundraising events. If you would not like to receive this information, please tick here

