

SEVERN HOSPICE
REGISTERED CHARITY NUMBER 512394

APPLICATION TO JOIN HOSPICE SHOP TEAM

CONFIDENTIAL

Title.....

Name.....

Surname.....

Address.....

.....

.....

Postcode.....

Telephone Number.....

Emergency Contact

We need this information in case we need to contact someone in an emergency.

Name.....

Relationship.....

Contact telephone number

.....

Please indicate below your hours of availability/commitment

Are you prepared to take on a supervisory role?

Do you volunteer in any other area for our Hospice?

When you have completed this form please return it to the shop where you would like to help.

Thank you.

Shop use

Date commenced.....

Agreed days and hours of work updated.....

Mon..... Fri.....

Tue..... Sat.....

Wed..... Sun.....

Thu.....

Induction pack issued.....

Office use

Date received.....

Volunteer List updated.....