



Volunteer Interest Form

NAME: _____

POSTAL ADDRESS: _____

RESIDENTIAL ADDRESS: _____

TELEPHONE: Home: _____ Fax: _____

E-mail: _____ Cell: _____

ID NUMBER: _____

I would like to help hospice by ... (please tick)

- Direct contact / care work with patients and families
- Home Care Day Care Bereavement support

I understand that care work with patients requires me to do a training course

- Teaching arts & crafts to patients
- Transporting patients
- Catering (making soup, plate of sandwiches, cake etc.)
- I would require the ingredients I can supply ingredients

- Administrative / secretarial / Computer work
- Helping with a fund-raising event
- Helping in one of the hospice shops
- Using my own talent and skills (e.g. hairdressing, aromatherapy, massage)

Give details _____

Signature

Date

Head of department
Comments

Follow up date