



## 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