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| **Zoe's Place Bear July 2008.jpg**  **Zöe’s Place Baby Hospice – Volunteer Application Enquiry** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Request Received:** | **In Person** |  | **By Letter** |  | **By Telephone** |  | **Website or Email** |  |

**APPLICANTS CONTACT DETAILS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicants Name** | **Miss. / Mrs. / Ms. /Mr.** | | | | | | | |
| **Home Address**  **Post Code** |  | | | | | | | |
| **Home Telephone No** |  | | **Mobile No.** | |  | | | |
| **Email Address** |  | | **Work No.** | |  | | | |
| **Current Age** |  | **Date of Birth** | | | **Day** | | **Month** | **Year** |
| **(The minimum age requirement to be a volunteer is 18 years of age)** | | | | | | | | |
| **How did the person hear about Zöe’s Place?** |  | | | | | | | |
| **Form Completed By:** |  | | | **Date:** | |  | | |

**TYPE OF VOLUNTEER WORK APPLICANT IS LOOKING FOR** (Enter **✓** in Box)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **GENERAL FUNDRAISING** |  | **CORPORATE ENQUIRY** |  | |
| **HOSPICE ADMINISTRATION** |  | **HOSPICE NURSING STAFF** |  |  |

**OFFICE USE ONLY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Application Form** |  | **Date Posted** |  | **Date Application Received** |  | |
| **Interview Arranged** |  | **Date** |  | **Outcome** | **YES** | **NO** |
|  |  |  |  |  |  | |
| **Reference Letter 1** |  | **Date Posted** |  | **Date Letter Received** |  | |
| **Reference Letter 2** |  | **Date Posted** |  | **Date Letter Received** |  | |
| **Welcome Letter** |  | **Date Posted** |  |  |  | |
| **Database Entry** |  | **Date** |  | **Record Number** |  | |
| **Photo ID** |  | **Date Issued** |  | **Valid To** |  | |
|  |  |  |  |  |  | |
| **Rejection Letter** |  | **Date Posted** |  |  |  |  |
| **Refer To Pending File** |  | **Review Date** |  |  |  |  |
|  |  |  |  |  |  |  |

**Firmly attach any additional documentation to this enquiry form**