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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**