



Volunteer Application Form – Fundraising Events

Private and Confidential

Thank you for your interest in volunteering Pilgrims Hospices. Please return the completed form to fundraising@pilgrimshospices.org or by post to the address below.

Contact Details

Title: _____

Telephone: _____

First name: _____

Mobile: _____

Last name: _____

Email: _____

Date of birth: _____

In an emergency, who would you like us to contact?

Address: _____

Name: _____

Contact number: _____

_____ Postcode: _____

Relationship to you: _____

Please select your preferred method of communication: Email Phone

Please indicate the hospice you would like to volunteer with

Pilgrims Hospices care for those living with an incurable illness across east Kent, with inpatient units in Canterbury, Thanet & Ashford. Let us know the fundraising team that you are interested in volunteering with.

Canterbury Thanet Ashford All/Hospice-wide events

Role matching information

Let us know the fundraising event volunteer roles you are interested in by ticking one or more of the boxes below.

Event registration Event set-up/close-down Car parking marshal

Route marshal Erection of route signage Stalls/games at fairs

Refreshments Event photography

Do you hold a full UK driving licence? Yes No

Do you have use of a private car? Yes No

Is there anything we need to know about your health? Yes No

If yes, please provide details below so that we can plan to meet your requirements.

About you

Please tell us why you would like to volunteer for Pilgrims Hospices by ticking one or more of the boxes below.

- | | | | |
|--|--------------------------|---|--------------------------|
| I want to support local hospice care | <input type="checkbox"/> | I'm interested in meeting new people | <input type="checkbox"/> |
| In memory of a loved one | <input type="checkbox"/> | Sharing my skills and experience to help others | <input type="checkbox"/> |
| Something enjoyable to do with my time | <input type="checkbox"/> | To keep myself busy | <input type="checkbox"/> |
| I was asked by a friend | <input type="checkbox"/> | To develop new skills & improve career prospects | <input type="checkbox"/> |
| I'd rather volunteer than give money | <input type="checkbox"/> | I was inspired after taking part in a Pilgrims event | <input type="checkbox"/> |
| I want to make a difference | <input type="checkbox"/> | If yes, please tell us which event(s) you have taken part in: | <input type="checkbox"/> |

Other (please state) _____

If there is anything else you would like us to know about you please include it below.

Data Protection

The information you provide on this form will be processed by Pilgrims Hospices in accordance with the Data Protection Act 2018 and other relevant regulations. Information will be stored securely and your contact details will only be shared with relevant managers and members of staff.

Our Privacy Policy can be found at www.pilgrimshospices.org, or you can request a copy to be sent to you.

By submitting this form, you consent to be contacted by email for the purpose of your volunteer application form. If you'd like to receive emails about other exciting ways to support Pilgrims Hospices or with news about our work, please tick the box below.

I am happy to receive emails where possible

You can update your contact preferences at any time by calling our Supporter Relations Team on 01227 782602 or by writing to us at the address below. We are registered under the Data Protection Act and will never share, sell or swap your details with any third party for the purposes of their own marketing or the monetising of your data.

Thank you!

Thank you very much for your interest in volunteering with Pilgrims Hospices.

Please return the completed application form to:

By post: Pilgrims Hospices, Fundraising, 56 London Road, Canterbury CT2 8JA

By email: fundraising@pilgrimshospices.org

I agree that to the best of my knowledge, the information given by me on this form is accurate. I agree to abide by the rules and uphold the values and behaviours of Pilgrims Hospices.

Signature: _____ Date: _____