

**One off Role**

**CONFIDENTIAL**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Mr** | **Ms** | **Miss** | **Mrs** | **Other** | **Address**  **Post Code** | | |
| **Full Name** | | | | |
| **Home Tel No** | | | | |
| **Mobile Phone No** | | | | |
| **E Mail Address** | | | | | **D.O.B.** | | |
| **Tick the following activities you would be willing to help with:** | | | | | | | |
| * **Collection Device Champion (rotating devices & engaging with your local community)** * **Event Support - Pre & Post (set up/take down)** * **Event Support - During (Stalls/marshalling/car park)** * **Bucket collections** * **Dressing as ‘Lindsey Bear’– our mascot (for special occasions)** * **Fundraising admin support** * **Leaflet distribution in your local area** | | | | | | |  |
| **Do you have any health concerns that we should be aware of to help keep you safe? Yes/No**  **If ‘Yes’ please give details**  **Do you have a disability or any additional needs? Yes/No**  **If ‘Yes’ Please let us know so that we can support those appropriately (record below if necessary)** | | | | | | | |
| **Who should we contact if there is an emergency?** | | | | | | **Emergency Contact Tel No:** | |
| **Please add dietary requirements/food allergies** | | | | | | | |

**DECLARATION**

**I wish to become a support volunteer for Lindsey Lodge Hospice & Healthcare, I agree that all information I have submitted within this registration form is true and accurate.**

**Signature of volunteer: …………………………………………………..…………………………**

**Date of application: - …………………………**

**Parent/guardian (if the volunteer is under 18 years of age)**

**I (Print name) ................................................................... agree that my child can become a volunteer for Lindsey Lodge Hospice & Healthcare.**

**Signature ……………………………………………………………………………………………..**

**Date ……………………………………………………**

You will automatically be added to our staff and volunteer database so that we can keep you updated about ‘all things volunteering'. You will be given access to our monthly Team Talk newsletter which includes hospice news, and news about events, campaigns, the lottery and superdraw. How would you like to hear from us? Please tick all the boxes that apply:

Email Text message Post Phone

You can change your preferences at any time, to do this simply contact us on 01724 270835 and ask for Fundraising or email us.

Any information given on this form is confidential and will only be used in accordance with the Data Protection Act 2018.

If you would like more information about how we look after your personal information please go to [www.lindseylodgehospice.org.uk](http://www.lindseylodgehospice.org.uk) for our full privacy policy.

We look forward to receiving the completed form either by email to: [llh.volunteering1@nhs.net](mailto:llh.volunteering1@nhs.net) or by post to Lindsey Lodge Hospice & Healthcare, Burringham Road, Scunthorpe DN17 2AA

If you have any queries please send an email to: [llh.volunteering1@nhs.net](mailto:llh.volunteering1@nhs.net).