

Event Volunteer Application Form



Your Details

| | | |
|---------|------------|----------|
| Title | First name | Surname |
| Address | | |
| | | Postcode |
| Email | | Tel no |
| DOB / / | | Mob |

Emergency Contact Details

| | | |
|-----------------|------------|---------|
| Title | First name | Surname |
| Relation to you | | |
| Email | | Tel no |

Keeping in touch

St Luke's would like to contact you about our work, future fundraising events and how your donations help. Please let us know if you would like to hear from us. (tick (✓) any/all that apply)

I am happy for St Luke's to stay in touch via:

Email SMS

We may also contact you by post and telephone about our work and how you can support us.

You can opt out of communications by contacting us at any time. Please contact us on 0114 235 7551 or email info@hospicesheffield.co.uk. We will never sell or swap your details with other organisations for them to use for their own purposes. If you want to know more about how we look after your data, please see the privacy notice which is available on our website - www.stlukeshospice.org.uk/footer/policies

About you

Are you volunteering in association with your workplace or currently a student? (delete as appropriate)

Yes, I am a student / employee at No

Do you have any health issues, disabilities or additional support needs we should be aware of?

How did you hear about us and our volunteering opportunities?

Declaration

Data Protection (Your details will be kept in accordance with the General Data Protection Regulation (GDPR). They will be held securely and confidentially.)

I have read and understood the information above and agree to the use of my personal data in accordance with the General Data Protection Regulation (GDPR).

Signed: _____

Date: _____