



Fundraising Event Volunteer Registration Form

Please fill in below the event/s you wish to volunteer at:	Date
1	DD/MM/YYYY
2	DD/MM/YYYY
3	DD/MM/YYYY

Personal Details

Title	Last Name			
First Name				
Gender	Under 16?	Yes/No	Under 18?	Yes/No

Contact Details
Please select your preferred contact method or methods below.

Email Address			
Mobile Number	Home Number		
Address Line 1			
Address Line 2			
Town/ City	Post Code		
Preferred Contact Method/s (Click to select or tick)	Email <input type="checkbox"/>	Telephone <input type="checkbox"/>	Post <input type="checkbox"/>

Emergency Contact Details

Full Name	
Contact Number	Relationship

Would you like to hear more about other volunteering opportunities at St Luke's?

Yes **No**

St Luke's will use the contact preferences stated above to inform how we contact you in the future. St Luke's will never share this information with other organisations.



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Volunteer Declaration

- I agree to declare and discuss with St Luke's any health conditions/disabilities or other issues which might impact upon my ability to volunteer.
- I agree to declare any unspent or pending criminal convictions I may have.
- I acknowledge that St Luke's may stop my volunteering at any point for any reason.
- I will notify St Luke's of any changes in circumstances that may affect my volunteering.
- I recognise that St Luke's will take all reasonable steps to mitigate risks and I agree to abide by all St Luke's health and safety policies and guidelines. I understand that I have a responsibility for my own and others health and safety whilst volunteering with the charity.
- I agree that ownership of any intellectual property rights created in the course of my volunteering shall remain the property of St Luke's.
- I agree that St Luke's may hold and use my information for the purposes of administering and supervising my work with the charity and that such information may be available to those who reasonably need to know the same within the charity.

Declaration

I have read and agree to the terms of the volunteer declaration.

Signature	Date	DD/MM/YYYY
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In the event the applicant is under the age of 18, please ensure this section is signed by a parent or guardian.

I have read and agree to the terms of the volunteer declaration, and am happy for
Name _____ to take part in St Luke's volunteering activities.

Name	Date	DD/MM/YYYY
Signature		

Please send completed copies to fundraisingevents@hospicesheffield.co.uk
or post to:

St Luke's Hospice
Little Common Lane
Sheffield
S11 9NE