

Volunteer Collection Box Coordinator application form

Jayne Hill Cynthia Spencer Hospice Fundraising Manfield Health Campus Kettering Road Northampton NN3 6NP

Title	Forename(s)
Surname	
Address	
Postcode	
Tel No (Home)Work	
Email address	
Emergency Contact NoNext o	of kin
Disabled Person Registration No (if applicable)	
Do you have your own transport	Yes/No
Do you have a current British Driving Licence	Yes/No
Licence No	
Are you a new applicant, or are you already carrying or	ut volunteer duties in another area of the Hospice?
New/Already Volunteering	
f you are already volunteering, please state location	

References

Please give the names of two people, not related to you, who have consented to act as referees on your behalf:

TiltleForename	TiltleForename
Surname	Surname
Occupation	Occupation
Address	Address
Postcode	Postcode
Previous Experience	
Have you had any previous experience in voluntary w	vork? Yes/No
Please give details (if applicable)	
Any hobbies/interests etc	

Availability - Please tick the areas you wish to distribute and collect collection boxes:

Areas	Tick	Areas	Tick	Areas	Tick
Chapel Brampton		Castle Ashby		Moulton	
Brixworth		Little Billing		Abington	
Creaton		Overstone		Wellingborough Road	
Nether Heyford		Cogenhoe		Kingsthorpe	
Pitsford		Weedon		Towcester	
Walgrave		Long Buckby		Higham Ferrers	
West Haddon		Duston		Rushden	
Great Brington		Bugbrooke		Irlingborough	
Earls Barton		Dallington		Irchester	
Burton Latimer		Hunsbury		Towcester	
Other			•		•