**St. Richard’s Hospice**

**CORPORATE VOLUNTEERING ENQUIRY FORM**

**Contact Details**

|  |  |
| --- | --- |
| First Name: | Surname: |
| Organisation: | |
| Contact Number: | Email: |

**Corporate Volunteering Area(s) of Interest**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please indicate below** (X) **where you would prefer to volunteer** | | | | | |
| Shop (location): |  | | Warehouse: e.g. *Sorting and hanging donations* | |  |
| Hospice: *e.g. painting/ gardening* |  | | Fundraising Events*: e.g. marshalling, registrations* | |  |
| Fundraising Collections e.g. *tin collections, bag packing* |  | Teams with vans to collect Christmas trees (January)  *A new fundraising initiative* | |  | |

|  |  |  |
| --- | --- | --- |
| Number of people: | Are you interested in weekend or weekday only opportunities? | |
| Preferred Dates: | | Times: |

**We would be grateful if you could answer the following:**

|  |  |
| --- | --- |
| If you have a Charity of the Year process – when and who decides upon the chosen charity? |  |
| Does your Company offer match giving opportunities? |  |
| Do you have any particular skills within your Company you could offer that may benefit the Hospice? |  |
|  |  |