**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? |  |
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