



APPLY TO VOLUNTEER

Your details

Title:

Name:

Phone:

Email:

Address:

Postcode:

Do you speak / write Welsh, or any other languages? Please give details:

Please let us know if you have any health or other considerations we should be aware of:

The volunteer role

Which role are you interested in?

Please share why you’re interested in volunteering and give an outline of any specific skills or experience you’d like to bring to the hospice.

What times suit you best for volunteering?

Morning

Afternoon

Evening

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Your references

1st Referee: Name / Number / Email / Relationship to you:

2nd Referee: Name / Number / Email / Relationship to you:

How did you hear about Skanda Vale Hospice?

Please enter today's date:

Thank you!

Please email to: **volunteers@skandavalehospice.org** or print and post to:
People Team, Skanda Vale Hospice, Saron, Llandysul, SA44 5DY.

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