



**Volunteer Application**

Childrens Hope Foundation is dedicated to improving the quality of life of children, who have been disadvantaged as a result of illness, disability or poverty

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

Employment: *(if applicable)*

Company Name: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Your Position: \_\_\_\_\_

Can we call you - at work?  Yes  No  
- at home?  Yes  No until what time? \_\_\_\_\_ pm

How did you learn about Childrens Hope Foundation?  
\_\_\_\_\_

Your contacts could help us provide more services for children and young people disadvantaged by illness, disability or poverty. Do you know anyone who may be able to donate any of the following goods or services? Please tick the appropriate boxes:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Printing                              | <input type="checkbox"/> Computer equipment |  |
| <input type="checkbox"/> Legal                                 | <input type="checkbox"/> Book-keeping       |  |
| <input type="checkbox"/> Education software                    | <input type="checkbox"/> Venues             | <input type="checkbox"/> for functions<br><input type="checkbox"/> for children's events |
|  | <input type="checkbox"/> Entertainment      | <input type="checkbox"/> for functions<br><input type="checkbox"/> for children's events |
|  | <input type="checkbox"/> Catering/food      | <input type="checkbox"/> for functions<br><input type="checkbox"/> for children's events |
| <input type="checkbox"/> Transport                             | <input type="checkbox"/> Advertising/PR     |  |
| <input type="checkbox"/> Other ( <i>please specify</i> ) _____ |   |  |

I am willing to call my contacts on behalf of Childrens Hope Foundation:  Yes  No

Childrens Hope Foundation may call and use my name as a reference:  Yes  No

Childrens Hope Foundation should call without using my name:  Yes  No

Company Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Position: \_\_\_\_\_

There are a number of ways in which you can volunteer with us. Please tick the areas in which you would like to help.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Fundraising   | <input type="checkbox"/> Recruit Volunteers       | <input type="checkbox"/> Call Volunteers |
| <input type="checkbox"/> Sell raffle tickets   | <input type="checkbox"/> Recruit ticket sellers   | <input type="checkbox"/> Office work     |
| <input type="checkbox"/> Donate space  | <input type="checkbox"/> Work on a committee      | <input type="checkbox"/> Functions       |
|  |   | <input type="checkbox"/> Other events    |
| <input type="checkbox"/> Perform at functions  | <input type="checkbox"/> Help at functions        | <input type="checkbox"/> Find catering   |
| <input type="checkbox"/> Sell charity magazine (locally)                                 | <input type="checkbox"/> Recruit magazine sellers |  |
| <input type="checkbox"/> Regional/local organiser  |   |  |
| <input type="checkbox"/> Working on leaflets, newsletters etc (e.g. design, copywriting) |   |  |
| <input type="checkbox"/> Donate goods or services _____                                  |   |  |
| <input type="checkbox"/> Other ( <i>please specify</i> ) _____                           |   |  |

How much time are you able to devote to Childrens Hope Foundation?

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Are you available on  Weekdays  Weekends

If available on weekdays, are you free from  9am to 5pm  
 after 5pm  
 other times (*please indicate*)

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Do you have any skills or interests which you would like to use in your work for Childrens Hope Foundation?

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Any additional information you would like to add;

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When completed, please return to  
Childrens Hope Foundation  
15 Palmer Place, London N7 8DH  
Tel: 020 7700 6855 \* Fax: 020 7700 4432