



Application Form

If you have read the Information Pack and would like to apply for the Ambassador Programme, please complete the form below.

Please send this form to community@stepetershospice.org and a member of the Community Fundraising Team will review your application and they will be in touch.

Title:	First name:	Last name:	
Address:			
Town/City:		Postcode:	
Phone:		Email:	
I have read the information pack and I would like to be contacted to discuss the role further.			
1. Please tel supporter?	l us about your connec	ction to St Peter's Hospice. For example, are you a volunteer o	or a
2. Considering the examples given in the information pack, please describe ways you plan to increase awareness of St Peter's Hospice in your local community?			

Tel: 01275 391 400

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Stpetershospice

stpetershospice.org

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Ambassador Volunteer Programme



Application Form

4. Please supply a reference that we can contact via email. This person can not be a family member, and you need to have known them in the last 5 years.

Referee's name:

Relationship to you:

Referee's email address:

5. Please can you supply your emergency contact details information.

Emergency contact name:

Emergency contact phone number:

Emergency contact relationship to you:

If you would like us to contact you by email about our work, please tick this box.

We would love to keep you updated with the news about our work and fundraising activities and we may contact you by mail or phone with updates or information we think you'd be interested in. See our Privacy Policy (stpetershospice.org/privacy) for more information on how we use and protect personal information. You can change the way we communicate with you at any time by calling us on **01275 391400**, emailing **communications@stpetershospice.org** or writing to us at St Peter's Hospice, St Peter's Hospice, Unit 18 Orchard View, Estune Business Park, Pear Tree Avenue, Long Ashton, Bristol, BS41 9FR.

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