



VOLUNTEER APPLICATION FORM

PERSONAL DETAILS:

Mr/Mrs/Miss SURNAME.....

FORENAMES.....

ADDRESS.....

.....

TEL. NO. HOME.....BUSINESS.....

DATE OF BIRTH.....WORKING/RETIRED

OCCUPATION.....

OWN TRANSPORT YES/NO

HAVE YOU HAD ANY CONTACT WITH CANCERCARE BEFORE? IF SO IN WHAT CAPACITY (This will be kept in strictest confidence)

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AREAS YOU WOULD LIKE TO HELP: PLEASE INDICATE WHICH AREA/S

FUNDRAISING	
<i>HELPING AT EVENTS</i>	
<i>SELLING RAFFLE TICKETS</i>	
<i>STREET/STORE COLLECTIONS</i>	
<i>TAKING COLLECTING BOX TO LOCAL SHOP/PUB</i>	
<i>TALKS AND DEMONSTRATION</i>	
<i>LIGHT UP A LIFE</i>	
<i>CROSS BAY WALKS</i>	
<i>ANY OTHER AREA OF FUNDRAISING</i>	
BAKING/JAM MAKING/CRAFT WORK	
GARDENING	
DRIVING	
RECEPTION	
DAY CARE	
DROP IN CENTRE	
ADMIN	
SPECIAL PROJECTS	

DO YOU HAVE ANY AREA OF EXPERTISE THAT YOU WOULD LIKE TO USE?

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AVAILABILITY – DAYS AND TIMES:

DAY	AM	PM	EVENING
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

DATE AVAILABLE TO START:.....

NAMES OF TWO REFEREES:

NAME:	NAME:
ADDRESS:	ADDRESS:
TEL NO:	TEL NO:

EMERGENCY CONTACT IN CASE OF ILLNESS OR INJURY WHILST ON DUTY:

NAME.....

ADDRESS.....

.....

TELEPHONE NO:.....

DATE:

SIGNATURE:

Please return this form to: Iona Price
Volunteer /Fundraising Co-ordinator
CancerCare
Slyne Road
LANCASTER
LA2 6ST
Telephone: 01524 381820