

# VOLUNTEER APPLICATION FORM



Helping local families  
since 1983

## 1. About you

Title: Mr/Mrs/Ms/Dr/Other
First name:
Surname:
Address:
Tel no:
Email:
Preferred method of contact:

## 2. Have you had contact with CancerCare before?

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## 3. What kind of roles or activities are you interested in? (Please tick all that apply)

<ul style="list-style-type: none"><li><input type="radio"/> Driving</li><li><input type="radio"/> Reception</li><li><input type="radio"/> Distributing leaflets</li><li><input type="radio"/> Gardening</li><li><input type="radio"/> Giving talks</li><li><input type="radio"/> Helping at coffee mornings</li><li><input type="radio"/> Helping at fundraising events e.g. Cross Bay Challenge</li><li><input type="radio"/> Supermarket fundraising collections</li></ul>
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## 4. What previous skills and experiences do you feel you could bring to your volunteering role?

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5. Do you have any health or additional support considerations we need to know about to support you in your volunteering? (Please tick)

- No
- Yes

If yes, please give details below

**6. Emergency contact details**

Name:	
Relationship to you:	
Address:	
Tel no:	
Email:	

**7. References**

Please name two people who we can contact for references. Your referees cannot be directly related to you and must be able to comment on your character (e.g. a teacher, an employer, a community leader)

Name	1.	2.
Address		
Post code		
Telephone number		
Capacity in which known to you		

**8. Under the Rehabilitation of Offenders Act 1974, do you have any unspent criminal convictions? (Please tick)**

- No
- Yes

If yes, please give details below. Having a conviction will not necessarily stop you from volunteering but will need to be taken into consideration when assessing your suitability.

**9. Please read the following declaration and then sign where indicated.**

I agree to be enrolled as a volunteer and to attend induction training for the role that I am to undertake.  
I understand that any appointment is subject to a review after 3 months.  
I understand that anything I hear or learn concerning individual clients or the organisation is strictly confidential.  
In accordance with the data Protection Act 1998, I consent to CancerCare holding and using my data in connection with volunteering. This information will be held securely and only accessed by authorised personnel.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Next steps:**

Please return this application form to Andrea Partridge, Volunteering & Engagement Coordinator by email to [Andrea.Partridge@cancercare.org.uk](mailto:Andrea.Partridge@cancercare.org.uk) or by post to CancerCare Slynedales, Slyne Road, Lancaster, LA2 6ST.

Andrea will be in touch with you to discuss how you can get involved. Thank you for your interest in becoming a volunteer.

**To be completed by the Volunteer & Engagement Coordinator**

Application form received, date:

First meeting held, date:

DBS applied for, date:

References requested, date:

References received, date:

Driving licence and insurance seen (if required for role), date:

Notes: