



Action Cancer House, 20 Windsor Avenue, Belfast, BT9 6EE

Tel: 028 9080 3344 **E-mail:** info@actioncancer.org

Website: www.actioncancer.org

Volunteer Application Form

Name: _____ Surname: _____

Address: _____

_____ Postcode _____

Tele no: Home: _____ Mobile: _____

Email: _____

Role interested in: (Please tick):

Local Fundraising Groups <input type="checkbox"/>	Retail <input type="checkbox"/>	Reception <input type="checkbox"/>
Fundraising & Fundraising Events <input type="checkbox"/>	Screening Centre Teabar <input type="checkbox"/>	Gardener <input type="checkbox"/>

If you would like to volunteer in an Action Cancer shop, at fundraising events, or with an Action Cancer fundraising group, please indicate the geographical area in which you would like to volunteer?

How did you hear about becoming an Action Cancer volunteer?

Why do you want to become an Action Cancer volunteer?

Are you presently engaged in, or have you done any voluntary work in the past?

Sometimes people with particular talents, skills, hobbies or interests can help us and we welcome the opportunity for you to discuss these further with us.
 What additional skills can you bring? (If applicable)

If you are presently employed please give brief details of your work.

Employer	Job Title/Tasks Involved

Availability

PLEASE TICK TIMES AVAILABLE

	MON	TUES	WED	THURS	FRI	SAT	SUN
MORNING							
AFTERNOON							
EVENING							

PLEASE CIRCLE APPROPRIATE ITEM

I am available on a weekly / fortnightly / monthly basis?

References

Please name two people who we can contact for references. One of the referees should have known you for at least two years, and should preferably be a current or previous employer. Please do not nominate a relative or friend as a referee.

Referee 1

Referee 2

Name		Name	
Address		Address	
Tele no		Tele no	

Please tick - I can confirm I agree to actively undertake my volunteering to the best of my abilities and to remain loyal to the values, aims, and procedures of Action Cancer.

Please tick - I can confirm I would have no conflict of interest with any other organisation in taking up role with Action Cancer.

If you are under the age of 18 please tick to confirm whether you have the permission of a Parent/Guardian to Volunteer with Action Cancer and provide the following details:

I can confirm I have permission from - Name: _____

Relationship to volunteer applicant: _____

Signature of Parent/Guardian: _____

Do you have any spent or unspent criminal convictions, or any cases pending against you?
Yes/No

Declaration - There is no reason why I would be considered unsuitable to work with children or adults at risk of harm or in need of protection.

Signed.....

Declaration

I declare that all of the information given on this form is true and complete to the best of my knowledge and beliefs.

Signed: _____ Date: _____

Thank you for taking the time to complete this application form. It should be returned to your nearest Action Cancer Shop, to **Action Cancer House, Freepost, 20 Windsor Ave, Belfast, BT9 6EE, or emailed to **info@actioncancer.org****