



Cancer Support Salisbury

Stronger side by side

VOLUNTEER APPLICATION FORM

Name:

Address:

Home Tel No:

Mobile Tel No:

Email address:

1.Reason for volunteering:

2.Tell us a little about your skills, knowledge and experience :

3.What role would you be interested in? (circle all that apply)

Fundraising

Befriending

Admin

4. Do you have any health concerns or support needs that may affect your volunteering or that we should be aware of?

Yes/ No

If yes, please explain:

5. Whom should we contact in case of emergency?

Name:

Address:

Tel. No. :

6. Two Referees: (to whom you are not related and who have known you for at least two years)

Name:

Address:

Email:

In what capacity do you know this person?

Name:

Address:

Email:

In what capacity do you know this person?

The information you have given us may be entered and stored in a file or on a computer for the purpose of maintaining our membership administration. We will keep any personal information you provide safely and confidentially and use it only for the purpose for which it was supplied.

There are some circumstances when we will share your personal information without your permission e.g. to protect children and vulnerable adults or to prevent or detect crime.

Please sign below if you agree to give your consent to how we will communicate with you and use your personal information - you can withdraw this consent at any time:

1. I give consent to my information being kept on Cancer Support Salisbury's systems to record details of my membership
2. I give consent to receive mail or emails about Cancer Support Salisbury and news of its' activities.

Volunteer's signature

Print name

Date.....