



For office use only:  
 Meeting date: \_\_\_\_\_  
 References: \_\_\_\_\_  
 Access NI: \_\_\_\_\_  
 Database: \_\_\_\_\_  
 Mailchimp: \_\_\_\_\_

**Volunteer Application Form**

<b><u>Name:</u></b>	<b><u>Preferred Title</u></b> (Mr/Mrs etc):
<b><u>Address:</u></b>	
<b><u>Telephone:</u></b>	<b><u>Mobile:</u></b>
<b><u>Email:</u></b>	

**Are you interested in a particular voluntary role?**

If so please specify:

**Please indicate your general availability –**

Flexible	Mon	Tue	Wed	Thur	Fri	Sat	Sun
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AM PM EVE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AM PM EVE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AM PM EVE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AM PM EVE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AM PM EVE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AM PM EVE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AM PM EVE

**Please tell us about yourself** - knowledge/skills, any relevant work experience, and what you would like to gain from volunteering with Cancer Focus NI.

**Please indicate your age group:**

Under 16 years

16-18 years

18 – 21 years

Over 21 years

**Is there anything we need to know about your health?**

Meeting your needs: If you have any health or disability challenges that mean you require additional support or equipment, please let us know so that we can plan to meet your requirements.

**Do you have any unspent criminal convictions?**

Yes

No

**If yes, please state date and nature of conviction.** It will not necessarily stop you volunteering but will need to be taken into consideration when assessing your suitability.

**References**

Some of our roles require references and you will be informed in advance if this is the case. Please provide the names of two referees, one of whom should NOT be a member of your family. Thank you.

Name:

Address:

Postcode:

Telephone:

Email:

Name:

Address:

Postcode:

Telephone:

Email:

**Personal Declaration**

I confirm that the information supplied here is correct and agree that my basic details may be kept on a computer/ database under the provisions of the Data Protection Act 1998.

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

**Please tick if you would like to receive our fortnightly Volunteer Email Update**

**Please indicate how you heard about volunteering with Cancer Focus NI:**

**Please return your completed form to:**

Volunteer Co-Ordinator, Cancer Focus NI, 40 – 44 Eglantine Avenue, Belfast BT9 6DX

[www.cancerfocusni.org](http://www.cancerfocusni.org)