

THE NIGHTINGALE CANCER SUPPORT CENTRE
STUDENT AND YOUNG PEOPLE VOLUNTEER APPLICATION FORM

Unfortunately, the Nightingale Cancer Support Centre cannot accept volunteers under the age of 16. For volunteers still in main stream education, we must obtain parental consent together with a work permit from the local Council, before they commence work.

Full Name: _____ Mr / Mrs / Miss / Ms

Address: _____

Post Code: _____ Phone Number: _____

Email Address: _____ Mobile No: _____

Date of Birth: _____

Name and address of School / College: _____

Name of Head of Year Teacher: _____

Please tick the box to let us know you are happy to receive updates on our work and special events by email

PLEASE TICK TO INDICATE YOUR AREAS OF INTEREST:

Sales Assistant

Supporting Fundraising (eg distributing flyers, stuffing envelopes, helping with events)

Tell us about yourself and any skills you have, any previous employment or experiences that may qualify you for the position and may be useful for us to know, (eg are you able to use a computer?/ have you worked in a shop before?)

WHY DO YOU WISH TO VOLUNTEER AND HOW MUCH TIME CAN YOU GIVE?

Please tell us if you are taking part in an initiative e.g. Duke of Edinburgh, Confirmation

Please indicate the days and times that you would be available and whether you are available on a regular or occasional basis.

Would you be happy to be contacted at short notice? YES/NO

MEDICAL ISSUES

Please provide details of any medical condition that could affect your ability to undertake tasks, or anything that you feel could be relevant.

I agree to inform the Nightingale Cancer Support Centre of any relevant health changes which could affect my ability to undertake voluntary work.

CONVICTIONS

Because of the nature of the support given by the Nightingale Cancer Support Centre, all staff (paid and voluntary) are required to provide details of any current convictions, or convictions which for other purposes are 'spent' under the provisions of the 'Rehabilitation of Offenders Act 1974 (Exceptions) (Amendments) Order 1986. Please give details (or write NOT APPLICABLE) .

CONFIDENTIALITY

Confidentiality is an essential and uncompromising component of our service. Staff and Volunteers are required to treat all matters relating to patients and their families, and the management of the Nightingale Cancer Support Centre in the strictest of confidence.

All information acquired by me will be treated in the strictest of confidence.

Signed:

Date:

REFERENCES Please provide details of two people, not relatives, who may be approached for a reference. You must have known these people for a minimum of one year.

If you are still at school one of the referees must be your Head of Year Teacher. We also need authorisation from one parent.

Name: _____

Name: _____

Address: _____

Address: _____

Postcode: _____

Postcode: _____

Phone No: _____

Phone No: _____

Email: _____

Email: _____

FOR OFFICE USE ONLY

Date reference sent for:

Date reference sent for: