

THE NIGHTINGALE CANCER SUPPORT CENTRE
VOLUNTEER APPLICATION FORM

Full Name: _____ Mr / Mrs / Miss / Ms

Address: _____

Post Code: _____ Phone Number: _____

Email Address: _____ Mobile No: _____

Date of Birth: _____

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:

Fundraising Volunteer Social Media

Office / Admin Volunteer Receptionist

Transport for Clients EBay

TELL US ABOUT YOURSELF

Taking into account the role description and personal qualities required for this position, please tell us about yourself, your skills, experience and any previous employment which you feel qualifies you for this role. (Please continue on a separate sheet if required).

HOW MUCH TIME CAN YOU GIVE?

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

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 Community Hospice Trust of any relevant health changes which could affect my abilities.

Signature.....

Date.....

CONFIDENTIALITY

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

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

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) then sign and date.

Signature of applicant:

Date:

NB Where it is deemed necessary for the work they do, volunteers will require DBS certification.
I have a current DBS certificate (issued within the last 3 years) YES / NO
(If YES, please include a copy with this application)

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.

Name: _____

Name: _____

Address: _____

Address: _____

Postcode: _____

Postcode: _____

Phone No: _____

Phone No: _____

Email: _____

Email: _____