

Volunteer Application



Contact Information

Name	
Street Address	
Town Postcode	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings
- Weekday afternoons
- Weekday evenings

- Weekend mornings
- Weekend afternoons
- Weekend evenings

Interests

Tell us in which areas you are interested in volunteering.

- Administration
- Events
- Field work
- Fundraising

Special Skills or Qualifications

Summarise special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarise your previous volunteer experience.

--

Person to Notify in Case of Emergency

Name	
Street Address	
Town Postcode	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organisation to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

The Leukaemia & Intensive Chemotherapy Fund

Haematology Department, Cheltenham General Hospital, Sandford Road, Cheltenham, GL53 7AN
t 08454 224422 f 08454 222869 e linc@glos.nhs.uk www.lincfund.co.uk