

# 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? (please tick)

- |   |   |
|---|---|
| <input type="checkbox"/> Weekday mornings   | <input type="checkbox"/> Weekend mornings   |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings   | <input type="checkbox"/> Weekend evenings   |

## Interests

Which areas you are interested in volunteering? (please tick)

- 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

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Summarise your previous volunteer experience.

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## Person to Notify in Case of Emergency

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

## Agreement and Signature

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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.
- I agree to comply with the trust policy on patient confidentiality.

Name (printed)	
Signature	
Date	

## Our Policy

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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.

If you are registered disabled or have any special requirements please provide us with relevant information to enable us to assist you.

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 0300 422 4422 f 0300 422 2869 e [linc@glos.nhs.uk](mailto:linc@glos.nhs.uk) [www.lincfund.org](http://www.lincfund.org)