

Volunteer Application

CONTACT INFORMATION

First Name	
Last Name	
Date of Birth	
Street Address	
Town Postcode	
Phone Number	
Email Address	

AVAILABILITY

During which hours are you available for volunteer assignments? (please tick)

- Weekday mornings
- Weekday afternoons
- Weekday evenings
- Weekend mornings
- Weekend afternoons
- Weekend evenings

INTERESTS

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

- Administration in the LINC offices
- Events:
 - Course Marshal
 - Enquiries and Admin
 - Cheering Team
 - Meet and Greet
- Community Fundraising
- Bucket Collections
- LINC shop assistant
- Tending the Sanctuary Garden
- I am happy to volunteer in any role

SPECIAL SKILLS AND QUALIFICATIONS

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

HOW WOULD YOU LIKE TO HEAR FROM US?

Email	Yes	No
Post	Yes	No
Phone	Yes	No

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name	
Street Address	
Town Postcode	
Home Phone	
Work Phone	
Email Address	

AGREEMENT AND SIGNATURE

By submitting this application I agree to abide by the principles set out in the Volunteer Handbook.

Name (printed)	
Signature	
Date	

OUR POLICY

It is the policy of this charity 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.

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

The Leukaemia & Intensive Chemotherapy Fund
Registered charity number: 1078183

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