

Volunteer Application Form

About you

Title: _____ First name: _____ Last name: _____

Address: _____ Postcode: _____

Email: _____

Home Telephone: _____ Mobile: _____

About your volunteering

I am applying for the role of: _____ advertised on: _____

Please indicate the days and times that you are available to volunteer;-

Example	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9am-5pm							

About your skills & experience

How do you think that your skills and experience would lend to the role?

Please continue on a separate sheet if necessary

Please tell us about any previous volunteering, including key achievements?

Please continue on a separate sheet if necessary

Please tell us what you would like to get out of volunteering with Solving Kids' Cancer?

Please continue on a separate sheet if necessary

About your needs

Please tell us if you require additional support or equipment to be able to complete the volunteer role so that we can plan to meet your requirements.

References

Please provide the details of two referees linked to you through employment or education.

Referee 1

Full name:	Organisation:
Email:	
Contact Telephone:	Relationship:

Referee 1

Full name:	Organisation:
Email:	
Contact Telephone:	Relationship:

I confirm that the information given on this form is, to the best of my knowledge, accurate. I agree to abide by the rules and uphold the values and behaviours of Solving Kids' Cancer. I give my consent for Solving Kids' Cancer to process the information given in accordance with the Data Protection Act 1998.

Signed: Date: