

Volunteer Application Form



Personal Information:

First name:

Surname:

Address:

Date of birth:

Mobile number:

Email address:

Contact name and number to be used in case of emergency:

Please tell us why do you want to volunteer with our organisation?

Please tell us what you hope to gain from your experience with us?

Please tell us about any educational background, work or volunteering experience that would be relevant to volunteering with our organisation?

What hobbies, skills, special interests or qualities do you have that may be relevant to volunteering for our organisation?

When are you available to volunteer? Please specify days, times and length of commitment you would like to make?

References: Please supply us with a written reference using the attached form. Please note that a Referee cannot be a family member of friend.

Do you have any special requirements and or medical conditions you would like to share with us?

Any other comments:

Consent - Data protection:

- Personal data including be retained on file in line with the Hope Cancer Support Centre CLG's Data Protection policy.
- We will use your contact details including telephone, text messaging and email to confirm rotas, training and Hope events etc.
- Under data protection regulation, you have the right to request a copy of any data held about you in our organisation, by writing to us in the Hope Cancer Support Centre CLG. You also have the right to request data inaccuracies be corrected or amended appropriately.

I consent to Hope Cancer Support Centre CLG retention and use of my personal data as outlined above.

Signed: _____

Print Name: _____

I confirm that the details I have provided are accurate to the best of my knowledge.

(Please note that Garda Vetting is a requirement for some volunteer roles within our organisation.)

Signed: _____

Date: _____

Please return completed and signed Volunteer Application Form and Reference Request Form to:

Administration Manager, Hope Cancer Support Centre CLG, 22 Weafer Street, Enniscorthy, Co. Wexford Y21 A592

Volunteer Reference Request Form

Volunteer Applicant's Name: _____

Volunteer Position Applied for: _____

We would appreciate your help in providing us with a reference for the individual named above who has applied to volunteer with us.

1. How long have you know the applicant and in what capacity?

2. How would you describe the applicant's ability to get along with others?

3. Is the applicant a team player or are they better working alone?

4. What are the applicant's primary positive skills, qualities and abilities? What areas could they improve on?

5. What do you think the applicant would be good at and what would they find challenging in a volunteer role?

6. Are you aware of any extra support needs the applicant might have?

7. Please evaluate the applicant in the following areas using the scale where 1=Poor and 5 = Excellent.

- a) Reliability 1 2 3 4 5
- b) Flexibility 1 2 3 4 5
- c) Time management 1 2 3 4 5
- d) Communication skills 1 2 3 4 5
- e) Responsibility 1 2 3 4 5

8. Would you have any reservations about the applicant's suitability to work with people affected by cancer?

9. Would you have any reservations about the applicant's suitability to handle sensitive and confidential information?

10. Is there anything else you would like to tell us about the applicant that might help us make a suitable match?

I confirm that the details I have provided are accurate to the best of my knowledge:

Name (please print): _____

Signature: _____

Organisation: _____

Position with the Organisation: _____

Please return this form to:
Administration Manager,
Hope Cancer Support Centre CLG,
22 Weafer Street,
Enniscorthy,
Co. Wexford Y21 A592

Thank you for taking the time to complete this request.