

JOIN US

**WE ARE
MACMILLAN.
CANCER SUPPORT**

Volunteer application form strictly confidential

PLEASE COMPLETE IN CAPITAL LETTERS

Contact details

Title Mr/Mrs/Miss/Ms/Dr/Rev/Other _____

First name _____

Last name _____

Preferred name _____

Date of birth _____

Male Female

Address _____

Postcode _____

Telephone (home) _____

Telephone (work) _____

Mobile _____

E-mail _____

In an emergency who would you like us to
contact?

Name _____

Relationship _____

Contact number _____

Please tell us about your skills

For example: Do you drive, can you operate a computer and which programmes, are you good at organising, are you happy to speak in groups, etc? Do you like working on the telephone?

You may like to tell us about a cancer experience you or your family have gone through

If so, please tell us your story in a few words.

References

Please provide two references from people who can comment on your experience and your suitability to volunteer with Macmillan. At least one should not be a relative.

I confirm that the personal information supplied is accurate. I am willing to abide by the rules and uphold the ethos of the Charity. I understand that my tasks with Macmillan Cancer Support may involve issues and situations of a sensitive nature and I agree to maintain confidentiality at all times. I agree that my basic records may be kept on computer/database under the provisions of the Data Protection Act 1998 and I agree also that I may be contacted in writing or by telephone.

Signature

Date

All information will be held by Macmillan Cancer Support in a confidential manner.

Call 0800 500 800
www.macmillan.org.uk/volunteer

Macmillan Cancer Support is a trading name of
Macmillan Cancer Relief, registered charity number 261017

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