

# JOIN US

Volunteer application form  
strictly confidential

PLEASE COMPLETE IN CAPITAL LETTERS

WE ARE  
MACMILLAN.  
CANCER SUPPORT

## Contact Details

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

First name

Last name

Preferred name

Male

Female

Address

Postcode

Telephone (home)

Telephone (work)

Mobile

Email

In an emergency who would you like us to contact?

Name

Relationship

Contact number

## Please indicate how you may like to help Macmillan Cancer Support

Let us know what areas you are interested in by ticking one or more of the boxes below and, if you are applying for a specific role, state the role title and location.

I am applying for an advertised role

Role title

Location

Fundraising and events

Office administration

Information centre/ day care unit

Services (e.g. befriending, buddying or offering support/ advice)

Macmillan Representative, Advocate or Speaker

Please note that roles are not always available in every area.

If you wish to help in a different way from those mentioned above, please tell us.

## Please tell us about your skills and experience

Please tell us about any work and volunteering experience that you think would help decide the type of volunteering roles that are suitable for you. For example, do you use a computer, do you drive, are you good at organising, do you enjoy speaking to groups; are you working full-time or part-time, are you seeking employment, retired or in full or part-time education?

Or if you are applying for a specific role, please indicate how your skills and experience fit the role description. You can continue on a separate sheet and enclose/ attach a CV if you wish to do so.

You can also use this space to tell us about a cancer experience that you or your family have gone through and/ or what you wish to gain from volunteering with Macmillan.

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## How much time can you offer us?

Short term	<input type="checkbox"/>	Monday	am <input type="checkbox"/>	pm <input type="checkbox"/>	eve <input type="checkbox"/>
Open-ended	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Is there anything we need to know about your health?

Meeting your needs: if you require additional support or equipment, please tell us so that we can plan to meet your requirements.

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## How did you hear about volunteering with Macmillan Cancer Support?

Macmillan volunteer	<input type="checkbox"/>	Knowledge of Macmillan	<input type="checkbox"/>
Poster/ postcard	<input type="checkbox"/>	Media	<input type="checkbox"/>
Macmillan website	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

## References

Please provide two references from people who can comment on your experience and your suitability to volunteer with Macmillan. Ideally these should be people you have worked for (either as a volunteer or as an employee) and neither should be a relative.

1 Name

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Address

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Email

Telephone

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2 Name

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Address

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Email

Telephone

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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 Macmillan Cancer Support.

I understand that my tasks with Macmillan may involve issues and situations of a sensitive nature and I agree to maintain confidentiality at all times. I give my consent for Macmillan to process the information given in accordance with the Data Protection Act 1998.

Signature

Date

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

# Thank you very much for your interest in volunteering with Macmillan Cancer Support.

Please return the completed application form to:

Clare Nester  
Fundraising Manager – Shropshire  
Macmillan Cancer Support  
Shropshire Fundraising Office  
Longbow Close  
Longbow Professional Centre  
Shrewsbury SY1 3GZ

If a specific contact name and address is not given above, please return it instead to the Volunteering Department:

Volunteering Department  
Macmillan Cancer Support  
87-89 Albert Embankment  
Vauxhall  
London SE1 7U

Tel 020 7840 4926  
Email [vcoordinators@macmillan.org.uk](mailto:vcoordinators@macmillan.org.uk)