

JOIN US!

Norfolk & Suffolk Walks Administrator, Feb - June 2010

**WE ARE
MACMILLAN.
CANCER SUPPORT**

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 and experience

Please tell us about any work and volunteering experience that you think would make you suitable to this role.

What do you wish to gain from volunteering with Macmillan?

Is there anything we need to know about your health?

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

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.

How did you hear about volunteering with Macmillan Cancer Support?

- | | | | |
|------------------------|--------------------------|------------------------|--------------------------|
| Macmillan volunteer | <input type="checkbox"/> | Knowledge of Macmillan | <input type="checkbox"/> |
| Poster | <input type="checkbox"/> | Postcard | <input type="checkbox"/> |
| Website | <input type="checkbox"/> | Media | <input type="checkbox"/> |
| Other (please specify) | | | |
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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.

1 Name

Address

Telephone

2 Name

Address

Telephone

I confirm that the personal information supplied is accurate. I am willing to abide by the rules and uphold the ethos 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 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.

Thank you for filling in the application form. Once we receive it we will be in touch to arrange a time to meet.

Please email the form to norfolk@macmillan.org.uk or post to
Macmillan Cancer Support
De Vere House
90 St Faiths Lane
Norwich
NR1 1NE

CancerLine 0808 808 2020 www.macmillan.org.uk
Macmillan Cancer Support, registered charity number 261017