

Ref: VS2



Volunteer Application Form
Strictly Confidential

Contact Details

Title: (Mr/Mrs etc)	Address: Postcode: Telephone: Mobile: Email:
First Name:	
Surname:	
Preferred name:	

Are you interested in a particular type of volunteer work?

If so please specify:

Please indicate the general times you are available -

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Do you know how many hours/ days you would like to volunteer for per week/month?

Are there any times you are unlikely to be available eg school holidays?

Please tell us what attracted you to volunteering for Ulster Cancer Foundation, and what you would like to gain from the experience.

Please tell us about your knowledge/ skills

Please give examples of any particular skills eg driving, IT skills, gardening, public speaking etc

Do you have use of a car? Yes No
Do you have a current driving licence? Yes No

Please tell us about any work or volunteering experience you feel is relevant.

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 let us know so that we can plan to meet your requirements.

Do you have any other information you would like to include in this application?

Do you have any unspent convictions?

Yes

No

If so please specify:

Please note: each application is assessed on individual merit and a conviction will not necessarily exclude you from volunteering with UCF.
Further checks may be needed, dependant on the voluntary role, and enhanced disclosure could be required if a volunteer role involves working with children or vulnerable adults.

References

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

Name:

Address:

Postcode:

Telephone:

Email:

Name:

Address:

Postcode:

Telephone:

Email:

Personal Declaration

I confirm that the information supplied here is correct and agree that my basic details may be kept on a computer/ database under the provisions of the Data Protection Act 1998.

Signature: _____ Date: _____

Thank you for your interest in the Ulster Cancer Foundation

Please return your completed form to :

Morag Chambers -Volunteer Co-Ordinator
Ulster Cancer Foundation
40 – 44 Eglantine Avenue
Belfast BT9 6DJ

Tel: 028 9066 3281
www.ulstercancer.org.uk

Ref: FSW1/25/07

Equal Opportunities Monitoring Form

The Ulster Cancer Foundation is committed to ensuring that all eligible persons have equality of opportunity for volunteering on the basis of ability, skills and aptitude. To ensure the effective implementation of the Equal Opportunities policy all applicants are requested to complete the following questionnaire. This questionnaire will be removed from your application form and will be strictly controlled in accordance with the relevant codes of practice.

Community Background:

I am a member of the Protestant community

I am a member of the Catholic community

I am a member of neither the Protestant nor the Catholic community

Gender:

Please indicate whether you are: Male Female

Marital Status:

Married Single Other

Disability:

Do you consider yourself to have a disability? Yes No

Are you registered disabled? Yes No

Ethnic Origin:

White Black African Black Caribbean

Chinese Indian Of Other Origin (Please Specify)

When you have completed this form please return it with your application in the envelope provided.

Thank you for your co-operation.