

Cancer Support (Cynon Valley) RCT Cymorth Cancr (Cwm Cynon) RhCT

Providing emotional and practical support for those whose
lives are touched by cancer

Yn darparu cymorth emosiynol ac ymarferoli'r sawl a gyffyrddir
gan gancr



Registered Charity No. 1096075
Registered Company No 4538022

Volunteer Application Form

Thank you for applying to do voluntary work for Cancer Support (Cynon Valley) Rhondda Cynon Taf. We provide a vital service for cancer patients and their families in the Cynon Valley and surrounding area — a service which would simply not be possible without the dedication and commitment of a marvellous team of volunteers.

In order to make sure that we keep the very highest standards of service we ask all prospective volunteers to fill in an application form. We also ask many of them to undertake a Criminal Records Bureau check (for which we pay the costs). All the information you give us is kept strictly confidential. When the form is complete please return it to the Manager of the Cancer Support (Cynon Valley) RCT Centre at 76 and 78 Oxford St, Mountain Ash.

Name	_____
Address	_____
	_____ Post Code _____
Tel (day)	_____ (evening) _____

Why would you like to help us?

Please tick the work you would like to do (as many boxes as you wish):

Driving	<input type="checkbox"/>	Office Work	<input type="checkbox"/>	Organising Fundraising and social events	<input type="checkbox"/>
Receptionist	<input type="checkbox"/>	Befriending	<input type="checkbox"/>	Anything that's needed!	<input type="checkbox"/>

Other (please say what) _____

What experience, skills and interests do you have which could help us (e.g. driving, good with people, office work, knowledge of accounts, fundraising, committee work, etc):

We try and ensure that all our volunteers gain as much satisfaction and enjoyment as possible from working with us. This includes giving support to volunteers whatever their circumstances or particular needs. Therefore please briefly describe any disability, health problems, or other circumstances which are relevant to your application:

How much time do you think you will be able to regularly give us (please tick):

More than a day a week A day a week Less than a day a week

Are there any particular periods when you will usually be free to help (please tick):

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you would like to drive for us:

Do you hold a clean, current driving licence: Yes No

Do you own a serviceable car: Yes No

If yes, what is the: make _____ model _____ year _____

Please give details of two referees we may contact who know you well, but who are not family members:

Name _____ Name _____

Address _____ Address _____

Tel. No. _____

Tel. No. _____

Your Signature _____

Date _____