

VOLUNTEER REGISTRATION OF INTEREST

**** Please note this form is CONFIDENTIAL ****

The Cancer Council South Australia values volunteers as vital members of its team and recognises their contribution in support of The Cancer Council's mission to reduce the impact of cancer. Without the continuing support and commitment of volunteers, The Cancer Council would be unable to achieve the extent and quality of services provided to the community. Please complete the form below to express an interest in volunteering with us.

Family Name: **Given Name:**

Address:
..... **Post Code:**

Telephone No: **Home:** **Work:** **Mobile:**

Email:

Times available for volunteer work: *(Please tick)*

MONDAY

AM PM

TUESDAY

AM PM

WEDNESDAY

AM PM

THURSDAY

AM PM

FRIDAY

AM PM

Do you have a car? Yes No *(Please tick)*

Do you have a current driver's licence? Yes No *(Please tick)*

Do you use public transport? Yes No *(Please tick)*

What are your interests and hobbies?

.....
.....

Are you currently:
(Please tick)

Employed *If yes* **Full Time** **Part Time**

Seeking Employment **Student** **Retired**

Home Duties **Pensioner**

Other *[Please state]*

How did you hear about The Cancer Council South Australia? *(Please tick)*

Brochure Friend/Family Media Referral Other:.....

What are your skills, qualifications and previous work experience? (Paid / Volunteer) *(Attach other sheets if necessary)*

.....
.....

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Please tick activities that interest you.

- | | | | |
|---|---|--|-----------------------------------|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Data entry | <input type="checkbox"/> Supportive care | <input type="checkbox"/> Research |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Fundraising projects | <input type="checkbox"/> Transport | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Committee Work | <input type="checkbox"/> Other: | | |

Do you have computing skills? Yes No Software Packages:

Is there any reason why you would be unsuited to some areas of volunteer work? *(Note: Any health restrictions, medical conditions or special needs which may require a work adjustment/support)*

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What motivates you to become a volunteer with The Cancer Council?

- | | |
|---|---|
| <input type="checkbox"/> Gain Confidence | <input type="checkbox"/> Social Opportunities |
| <input type="checkbox"/> Develop skills | <input type="checkbox"/> Improve career opportunities |
| <input type="checkbox"/> Make a difference | <input type="checkbox"/> Desire to help others |
| <input type="checkbox"/> Ability to work with others | <input type="checkbox"/> Develop communication skills |
| <input type="checkbox"/> Advance a cause that is close to your heart | <input type="checkbox"/> Training opportunities |
| <input type="checkbox"/> Contribute skills, knowledge and/or experience | <input type="checkbox"/> Other |

In order to best match volunteer interests with available positions, The Cancer Council South Australia asks that individuals beginning ongoing volunteer activity provide references regarding their experience. Please provide the details of two contactable referees who can provide information regarding previous employment/volunteer duties.

Name:.....

Phone:

Organisation:

Position/Title:

Name:

Phone:

Organisation:

Position/Title:

I.....authorise The Cancer Council South Australia to contact the above referees to collect personal information relevant to this application, concerning my academic background and employment/volunteering history, and to verify any character references I have supplied. I understand the information obtained will be kept confidential.

Signature of applicant:..... Date:

Supervisors Please Note: A copy of this form must be forwarded to the Volunteer Coordinator