



VOLUNTEER INTERNSHIP 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. The Volunteer Internship program offers the opportunity to gain experience in a workplace environment in the applicant's chosen field. Please complete the form below to express an interest in volunteering in our internship program.

Family Name: **Given Name:**

Address:

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

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

Email:

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

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

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

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

Are you currently studying: **Full Time** **Part Time**
(Please tick) **Other** *[Please state]*

What are you currently studying?
.....
.....
.....

Please indicate year of commencement?

Please indicate year of completion?

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

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Please tick the Internship Program that you are applying for.

- | | | |
|-------------------------------------------|-----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Health Promotion | <input type="checkbox"/> Financial/Accounting | <input type="checkbox"/> Marketing/Communication |
| <input type="checkbox"/> Event management | <input type="checkbox"/> Human Resources | <input type="checkbox"/> OHS & W |
| <input type="checkbox"/> Other: | <input type="checkbox"/> IT | |

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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In order to best match your skills with available internship vacancies, The Cancer Council asks that individuals applying for an internship provide references regarding their experience/skills. Please provide the details of two contactable referees who can provide this information. This may be a current lecturer or employer.

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:

Thank you for your registration of interest for our volunteer internship program. The Volunteer Coordinator will be in touch soon.