

VOLUNTEER APPLICATION FORM



PERSONAL DETAILS

Date of Application: _____

Full name: _____

Address _____

D.O.B _____

Day Phone: _____ Fax: _____ Mobile: _____

Email Address: _____

EMERGENCY CONTACT:

Name: _____ **Phone:** _____

Relationship of Emergency Contact: _____

Have you ever had a Workers Compensation Claim? Yes No

If yes provide details: _____

Relevant Details:

Place of employment: (if applicable) _____

Address: _____ Phone: _____

Do you have a current NT driver's license? Yes No

(Please provide copy)

Do you have your own transport? Yes No

Previous relevant volunteering / employment roles: _____

Have you undertaken any previous Training that would be relevant or should be taken into consideration? _____

Interests / Hobbies _____

AREA OF INTEREST

(Please tick the appropriate boxes)

- | | |
|--------------------------------|--------------------------|
| Fundraising and Special Events | <input type="checkbox"/> |
| Administration Assistance | <input type="checkbox"/> |
| Public Education and Awareness | <input type="checkbox"/> |

FUNDRAISING AND SPECIAL EVENTS:

(Please tick the appropriate boxes):

- | | |
|--|--------------------------|
| National fundraising events | |
| ❖ Australia's Biggest Morning Tea | <input type="checkbox"/> |
| ❖ Daffodil Day | <input type="checkbox"/> |
| ❖ Relay for Life | <input type="checkbox"/> |
| ❖ Pink Ribbon Day | <input type="checkbox"/> |
| ❖ Girls Night In | <input type="checkbox"/> |
| I would like more information about the Events | <input type="checkbox"/> |
| Event duties: | |
| ❖ packing kits / merchandise boxes | <input type="checkbox"/> |
| ❖ delivery & collection kits / merchandise | <input type="checkbox"/> |
| ❖ coordinating stalls or displays | <input type="checkbox"/> |
| ❖ telephone recruitment | <input type="checkbox"/> |
| ❖ handling fresh flowers (Daffodil Day only) | <input type="checkbox"/> |

ADMINISTRATION: *(Please tick the appropriate boxes)*

- | | |
|----------------------------|--------------------------|
| Duties available | |
| ❖ General office Assistant | <input type="checkbox"/> |
| ❖ Data entry | <input type="checkbox"/> |
| ❖ Preparing mail outs | <input type="checkbox"/> |
| ❖ Telephone calls | <input type="checkbox"/> |

PUBLIC EDUCATION AND AWARENESS: *(Please tick the appropriate boxes)*

Relevant qualifications & experience required

- | | |
|-------------------------------------|--------------------------|
| ❖ Public presentations | <input type="checkbox"/> |
| ❖ Health Awareness Stalls | <input type="checkbox"/> |
| ❖ Update educational materials | <input type="checkbox"/> |
| ❖ Maintain and distribute resources | <input type="checkbox"/> |

AVAILABILITY

(Max 15 hours per week)

Days available: Mon Tues Wed Thurs Fri

Times available: AM PM

Would you be available for some weekends or evening events? Yes No

AGREEMENTS

Police Check:

Do you give permission to have a Police Check carried out?
Application Form completed

Yes No
Yes No

Confidentiality Clause:

I understand that all the information provided above is confidential and available only to the relevant Cancer Council NT staff.

I understand that all client and staff information and Cancer Council NT business is highly private and confidential. I further undertake that any information learned as a volunteer will not be disclosed in any way to any persons outside The Cancer Council NT during my time as a volunteer or any time thereafter.

Ownership of Materials and Information: All materials, information and programs developed during the term of service remains the property of the CCNT.

Signature: _____ Dated: _____