

# VOLUNTEER APPLICATION FORM



NAME: Mr/Mrs/Miss/Ms \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ P/Code \_\_\_\_\_ D.O.B \_\_\_\_\_

Day Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

PLACE OF EMPLOYMENT:(if applicable) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your drivers license current? Yes  No

Do you have your own transport? Yes  No

**Area of Interest:** (Please indicate see specific duties below)

- Administration Assistance
- Fundraising and Special Events
- Public Education and Awareness
- Cancer Support Visitor
- Branch Committees or Advisory Council

**What times would you be available to volunteer?** Week Day/s: \_\_\_\_\_

(max 15 hours per week)

Times: AM \_\_\_\_\_ to \_\_\_\_\_

PM \_\_\_\_\_ to \_\_\_\_\_

**SPECIAL EVENTS: Please tick the appropriate boxes.**

I would like to be informed about following:-

- Branch Committee fundraising activities Yes  No
- Relay for Life organising committee Yes  No
- Organising Branch Fundraising activities Yes  No
- National fundraising events :- Yes  No 
  - ❖ Australia's Biggest Morning Tea
  - ❖ Daffodil Day
  - ❖ Relay for Life
  - ❖ Pink Ribbon Day
  - ❖ Promotional Stalls as Required

**ADMINISTRATION : Please tick the appropriate boxes.**

What tasks are you interested in undertaking

- administration/ organization
- data entry
- telephone recruitment

Volunteer Application Form (continued)

Updated October 2003

- preparing mailouts
- packing kits / merchandise boxes
- delivery & collection kits / merchandise
- desk top publishing
- counting & banking money
- coordinating stalls or displays
- organising community events
- handling fresh flowers

**Public Education and Awareness: Please tick the appropriate boxes.**

What tasks are you interested in undertaking

- Public presentations
- Health Awareness Stalls
- Update educational materials
- Maintain and distribute resources

**Cancer Support Visitor: Please tick the appropriate boxes.**

What tasks are you interested in undertaking

- Deliver Information packs to Hospital
- Provide peer support (training required)
- Help with shopping and gardening for patients

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

If you had any previous volunteer /paid work experience that may be relevant please give a brief description. \_\_\_\_\_

\_\_\_\_\_

Interests / Hobbies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Should training opportunities arise, would you prefer morning, afternoon or evening sessions? \_\_\_\_\_

Have you undertaken any previous Training that should be taken into consideration?

\_\_\_\_\_

\_\_\_\_\_

**CONFIDENTIAL**

**PERSONAL DETAILS**

Current Health: \_\_\_\_\_  
(medication if applicable) \_\_\_\_\_

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Have you ever had a Workers Compensation Claim Yes  No

If yes give details : \_\_\_\_\_

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Do you give permission to have a Police Check carried out ? Yes  No

Have you :

- had a cancer diagnosis? (state diagnosis) \_\_\_\_\_

- Date of diagnosis? \_\_\_\_\_

- had a relative diagnosed with cancer ? (state relationship) \_\_\_\_\_

- other? (describe) \_\_\_\_\_

If you are a cancer patient, please describe what treatment you have received.

(traditional or alternative) \_\_\_\_\_

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**EMERGENCY CONTACT:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship of Emergency Contact:** \_\_\_\_\_

**DOCTOR (if applicable)** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Have you had any personal experience / contact of cancer patients or other illness?

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Referees names:-

1. \_\_\_\_\_ Phone contact: \_\_\_\_\_

2. \_\_\_\_\_ Phone contact: \_\_\_\_\_

**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. In volunteering I 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.

Signature \_\_\_\_\_ Dated \_\_\_\_\_