



# EVENT VOLUNTEER APPLICATION

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

Cancer Council SA values volunteers as vital members of its team and recognises their contribution in support of Cancer Council SA mission to beat cancer. Without the continuing support and commitment of volunteers, Cancer Council SA 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.

## YOUR DETAILS:

Family Name: ..... Given Name: .....

Preferred title:  Mr  Mrs  Ms  Other .....

Address: .....

..... Post Code: ..... Date of Birth: ...../...../.....

Telephone: (W) ..... (H) ..... (M) .....

Email: .....

Country of Birth (optional\*): .....

*\*Please note this information may be used for statistical reasons however identifying detail would not be disclosed.*

Languages spoken other than English: .....

Are you happy to be contacted by Text message for initial notification of upcoming events?

Yes  No

## EMERGENCY DETAILS: *Who should we contact in an emergency? (Please list two)*

Name: ..... Name: .....

Contact Number: ..... Contact Number: .....

Mobile Number: ..... Mobile Number: .....

## TIMES AVAILABLE FOR VOLUNTEER WORK: *(Please tick)*

	AM	PM	AFTERWORK	OTHER <i>(Please specify)</i>
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Do you have a car? Yes  No

Do you have a current driver's licence? Yes  No

Do you use public transport? Yes  No

## ARE YOU CURRENTLY: *(please tick)*

Employed  Full Time  Part Time  Seeking Employment  Pensioner   
 Student  Retired  Home Duties  Other (Please state): \_\_\_\_\_

**WHAT ARE YOUR SKILLS, QUALIFICATIONS AND PREVIOUS WORK EXPERIENCE?**

*(Paid / Volunteer) (Attach other sheets if necessary)*

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**WHICH EVENTS WOULD YOU BE INTERESTED IN VOLUNTEERING FOR?**

Daffodil Day  Pink Ribbon Day  Race For Life  Relay For Life  Fathers Day Classic

Walk for Real Hope  Tour Down Under  Community events

I would like to know more about the Ambassadors program Yes  No

**IS THERE ANY REASON WHY YOU WOULD BE UNSUITED TO SOME AREAS OF VOLUNTEER WORK?** *(Any health restrictions, medical conditions or special needs which may require a work adjustment/support)*

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**VOLUNTEERING HISTORY:**

Is this the first time you have volunteered for Cancer Council SA? Yes  No

If you have previously volunteered for our organisation, please indicate how long you have been with us. Years  Months

**PERSONAL REFERENCE:**

*Please provide contact details for a person who has know you for at least 5 years and is willing to act as your personal reference.*

Name: ..... Phone:.....

**PLEASE READ THE INFORMATION BELOW CAREFULLY BEFORE SIGNING THIS FORM:**

- I agree to have my personal details and application information securely stored on file and on Cancer Council SA database and that relevant information may be disclosed in an emergency situation.
- I understand Cancer Council SA is a smoke-free environment and I am committed to supporting the health messages of Cancer Council SA.
- I am prepared to undertake training provided by the organisation as required.
- I understand that I am only covered by Cancer Council's personal accident insurance under the age of 90 years.
- I will abide by Cancer Council policies.
- I have read the full privacy & confidentiality policy and agree to abide by the privacy & confidentiality requirements of this organisation.
- I accept the volunteer position and agree to work within the conditions listed above

**Signature of Applicant:** \_\_\_\_\_ **Date:**     /     /

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