



## Volunteer Registration Form

Personal Details
<p><u>Title:</u></p> <p><u>First Name:</u> _____ <u>Surname:</u> _____</p> <p><u>DOB:</u></p>
<p><u>Contact Details:</u></p> <p>Address:</p> <p>Email:</p> <p>Telephone: (Day) _____ (Evening if different)</p> <p>Mobile:</p>
<p>Any previous volunteering experience</p>
<p>How did you hear about us? <i>Please circle</i></p> <p>Advertisement                      A patient or carer</p> <p>A friend                              A volunteer                      Other:</p>
Volunteering with Cancer Relief
<p>If you know what role or type of volunteering you would like to do, please give details</p>
Availability
<p>How regularly do you wish to volunteer?</p> <p>Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Weekly <input type="checkbox"/> More often <input type="checkbox"/></p> <p>When would you be able to volunteer? Please tell us days/hours you would be available (we are looking for a minimum commitment of 6 hours a month, for a period of at least six months)</p>
Additional Information
<p>Are you under 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please give your date of birth</p>
<p>Languages spoken</p>
<p>Do you have a current driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/></p>



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### About you

Why would you like to volunteer with us? What interests, skills and experience could you bring to the GSCR? Please give us examples from your home or work life.

### Special requirements

We welcome applications from volunteers with disabilities. Do you have any special requirements/health issues that you would like to tell us about, or that may impact on the activity you can do?



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References	
Please give details of two referees (both should know you well and for a minimum period of six months), Referees should not be family members and we will only contact them if you are accepted as a volunteer. Please provide email addresses.	
Referee one	Referee two
Name:	Name:
Address:	Address:
Email:	Email:
Telephone:	Telephone:
How do you know this person?	How do you know this person?
How long have you known them?	How long have you known them?
Disclosure and Data Protection	
Your personal details will be treated as confidential and kept for no longer than necessary. If you are accepted as a volunteer the information you have provided on this form will become part of your volunteer records which will be used to plan and record your involvement as a volunteer.	
<p>Have you been convicted of a criminal offence within the last 10 years?            Yes <input type="checkbox"/>      No <input type="checkbox"/>            If you have ticked yes please give details</p> <p>Having a criminal record will not necessarily bar you from volunteering with the GSCR, this will depend on the nature of the volunteering you would like to do with us. Any information given will be treated confidentially and only considered in relation to the volunteering role for which you are applying. All volunteers will be asked to complete the RGP Vetting form at interview.</p>	
I am aware that the information I have provided will be treated confidentially and consent to it being used and stored in the capacity stated.	
Name Print:	
Signature	Date
Please return this form by email to: <a href="mailto:info@cancerrelief.gi">info@cancerrelief.gi</a>	
If you have any questions please do not hesitate to contact us. <b>Telephone:</b> 20042392	



**CANCER  
RELIEF  
GIBRALTAR**

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### FOR OFFICE USE ONLY

DATE APPROVED: .....

DATE STARTED: .....

DATE ENDED: .....

REASON FOR DEPARTURE: