



northern ireland
**cancer fund
for children**

Curlew Pavilion
Portside Business Park
Airport Road West
Belfast BT3 9ED
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F: 028 9073 8747
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Coleraine
Co. L/Derry BT52 1UD
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Co. Down BT33 0PP
T: 028 4372 4212
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PRIVATE AND CONFIDENTIAL

Volunteer Application Form

Mr/Mrs/Miss/Ms _____	First Name _____	Surname _____
Date of Birth ___/___/___		
Address _____		
_____		Post Code _____
Tel No (Home): _____ (Work) _____ (Ext) _____		
E-mail _____ (home/work) Mobile No _____		
Next of Kin _____ Relationship to you _____		
Contact Tel No/Address _____		

YOUR PREVIOUS EXPERIENCE

Do you have any experience of voluntary work? Y / N (please circle)

If yes, with which organisation and in what capacity? _____

YOU CURRENT EMPLOYMENT

Not working Full time Part time Retired Education Carer

Looking after home and family Out of work sick/disabled Other _____

Current employer or school (if applicable) _____

What is your occupation (if applicable) _____

Driving licence: Full Provisional HGV PSV Other _____

Please mention any previous employment, experience or qualifications that you feel are relevant _____

YOUR SKILLS AND EXPERIENCE

What particular skills or personal qualities do you have that you could bring to the Northern Ireland Cancer Fund for Children? _____

What are your hobbies and interests? _____

Why would you like to become a volunteer with us? _____

What do you hope to gain from your volunteering experience? _____

YOUR HEALTH

Would you describe your health as : Good Fair Poor

Please give more details if appropriate _____

YOUR AVAILABILITY

The Youth Programme runs activities on a monthly basis. Please indicate how much time you would be able to give including whether you are available evenings or weekend residential.

I can volunteer on a:

Weekly day-time basis Yes/No

Weekly evening basis Yes/No

Weekends only Yes/No

WHAT WOULD YOU LIKE TO DO?

As a prospective volunteer, which of the following areas interests you most?

Becoming a volunteer driver Administration Work Day Events

Residential Other (please specify) _____

REFERENCES

Please supply the details of two people (not friends or relatives) whom we can approach for references:

Name _____

Name _____

Relationship _____

Relationship _____

Address _____

Address _____

Tel No _____

Tel No _____

DECLARATION

I declare that the information that I have given in this form is a true and accurate account to the best of my knowledge

Signed _____

Date _____

Please complete this form and send it to:

**Susan Craig, NI Cancer Fund for Children.
Curlew Pavilion, Portside Business Park,
Airport Road West, Belfast BT3 9ED**