

Rowan Tree Cancer Care

Providing emotional and practical support for those whose lives are touched by cancer



Registered Charity No. 1096075, Company registered in Wales and England 4538022

Volunteer Application Form

Thank you for applying to do voluntary work for Rowan Tree Cancer Care. We provide a vital service for cancer patients and their families in the Cynon Valley and surrounding area; a service which would simply not be possible without the dedication and commitment of a marvellous team of volunteers.

In order to make sure that we keep the very highest standards of service we ask all prospective volunteers to fill in an application form. We also ask many of them to undertake a Criminal Records Bureau check (for which we pay the costs). All the information you give us is kept strictly confidential. When the form is complete please return it to the Manager at Rowan Tree Cancer Care, 58 - 60 Commercial Street, Mountain Ash CF45 3PW.

Name	_____	Date of Birth	___/___/___
Address	_____		
	_____	Post Code	_____
Tel (day)	_____	(evening)	_____

Why would you like to help us?

Please tick the work you would like to do (as many boxes as you wish):

Driving	<input type="checkbox"/>	Shop	<input type="checkbox"/>	Organising Fund raising and social events	<input type="checkbox"/>
Receptionist	<input type="checkbox"/>	Anything that's needed!	<input type="checkbox"/>		
Other (please say what)	_____				

What experience, skills and interests do you have which could help us (e.g. driving, good with people, reception work, fundraising, etc):

We try and ensure that all our volunteers gain as much satisfaction and enjoyment as possible from working with us. This includes giving support to volunteers whatever their circumstances or particular needs. Therefore please briefly describe any disability, health problems, or other circumstances which are relevant to your application:

How much time do you think you will be able to regularly give us (please tick):

More than a day a week A day a week Less than a day a week

Are there any particular periods when you will usually be free to help (please tick):

	Mon	Tues	Weds	Thurs	Fri
Morning					
Afternoon					

If you would like to drive for us:

Do you hold a clean, current driving licence: Yes No

Do you own a serviceable car: Yes No

If yes, what is the: make _____ model _____ year _____

Please give details of two referees we may contact who know you well, but who are not family members:

Name _____ Name _____

Address _____ Address _____

Tel. No. _____ Tel. No. _____

Your Signature _____ Date _____