



# Volunteer Registration of Interest

**\*\* 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.

Please complete the form below to express an interest in volunteering with us.

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone No: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Times available for volunteer work: *(Please tick)*

Monday <input type="checkbox"/> am <input type="checkbox"/> pm	Tuesday <input type="checkbox"/> am <input type="checkbox"/> pm	Wednesday <input type="checkbox"/> am <input type="checkbox"/> pm	Thursday <input type="checkbox"/> am <input type="checkbox"/> pm	Friday <input type="checkbox"/> am <input type="checkbox"/> pm
Saturday <input type="checkbox"/> am <input type="checkbox"/> pm	Sunday <input type="checkbox"/> am <input type="checkbox"/> pm	Other _____		

Do you have a car?  Yes  No *(Please tick)*

Do you have a current driver's licence?  Yes  No *(Please tick)*

What are your interests and hobbies?

.....  
.....

Are you currently:

<input type="checkbox"/> Employed	<i>If yes</i>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
<input type="checkbox"/> Seeking Employment		<input type="checkbox"/> Student	<input type="checkbox"/> Retired
<input type="checkbox"/> Home Duties		<input type="checkbox"/> Pensioner	
<input type="checkbox"/> Other [Please state]	_____		

How did you hear about volunteering with the Cancer Council SA? *(Please tick)*

<input type="checkbox"/> Brochure	<input type="checkbox"/> Friend/Family	<input type="checkbox"/> CC Website	<input type="checkbox"/> Other Website
<input type="checkbox"/> Referral	<input type="checkbox"/> Accessed services	<input type="checkbox"/> Media	

What are your skills, qualifications and previous work experience? (Paid / Volunteer) *(Attach other sheets if necessary)*

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Please tick activities that interest you. If applying for a specific role, please indicate

- |   |   |  |                                   |
|---|---|--|-----------------------------------|
| <input type="checkbox"/> Project work   | <input type="checkbox"/> Data entry     | <input type="checkbox"/> Supportive care | <input type="checkbox"/> Research |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Committee Work | <input type="checkbox"/> Transport       | <input type="checkbox"/> Retail   |
| <input type="checkbox"/> Other: _____   |   |  |                                   |

Do you have computing skills?     Yes     No    Software Packages: \_\_\_\_\_

Would you be interested in being contacted to assist with our community fundraising events?

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Yes <i>If yes, please select which events below</i> | <input type="checkbox"/> No                  |   |  |
| <input type="checkbox"/> Daffodil Day  | <input type="checkbox"/> Relay for Life      | <input type="checkbox"/> Pink Ribbon Day    | <input type="checkbox"/> Community     |
| <input type="checkbox"/> Tour Down Under                                     | <input type="checkbox"/> Fathers Day Classic | <input type="checkbox"/> Walk For Real Hope | <input type="checkbox"/> Race For Life |

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? *(Note: Any health restrictions, medical conditions or special needs which may require a work adjustment/support)*

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What motivates you to become a volunteer with Cancer Council SA?

- |   |   |
|---|---|
| <input type="checkbox"/> Gain Confidence                                | <input type="checkbox"/> Social Opportunities         |
| <input type="checkbox"/> Develop skills                                 | <input type="checkbox"/> Improve career opportunities |
| <input type="checkbox"/> Make a difference                              | <input type="checkbox"/> Desire to help others        |
| <input type="checkbox"/> Advance a cause that is close to your heart    | <input type="checkbox"/> Training opportunities       |
| <input type="checkbox"/> Contribute skills, knowledge and/or experience | <input type="checkbox"/> Other _____                  |

Please provide the details of two contactable referees who can provide information regarding previous employment/volunteer duties.

Name:.....
Phone:.....
Organisation: .....
Position/Title:.....

Name:.....
Phone:.....
Organisation: .....
Position/Title:.....

*I, ..... authorise Cancer Council SA to contact the above referees to collect personal information relevant to this application, concerning my academic background and employment/ volunteering history, and to verify any character references I have supplied. I understand the information obtained will be kept confidential. I verify the information contained on this form is correct.*

Signature of applicant:..... Date: .....

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