



Cancer Support Scotland

Tak Tent - Take Care

VOLUNTEER APPLICATION FORM

1. DETAILS OF APPLICANT

Name _____ Email _____

Address _____

Postcode _____ Contact Telephone Number _____

Age: (Please circle) (18-24) (25-30) (30-40) (40-50) (50+)

Present occupation: _____

Previous occupation if unemployed or retired: _____

Have you been personally affected by cancer in the past five years? YES/NO

2. PREVIOUS EXPERIENCE

Have you had any previous contact with Cancer Support Scotland? YES/NO

If YES, please specify _____

Why do you want to volunteer with Cancer Support Scotland? _____

Please indicate any particular experiences, skills, qualifications and qualities which you have, that you would like to use with Cancer Support Scotland:

Please tick what area of volunteering you are interested in:

Fundraising ☐ Services (from October 2011) ☐ Administration ☐

Cancer Support Scotland, Shelley Court, Glasgow, G12 0YN
Tel: 0141 211 0122 | Fax: 211 0010
fundraising@cancersupportscotland.org
www.cancersupportscotland.org

Registered Charity no. SC012867





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3. REFERENCES

Please give the names and addresses of two referees who have known you for at least two years. They **MUST NOT** be relatives.

1. Name _____ Address _____

Relationship to you _____

Email _____ Contact Number _____

2. Name _____ Address _____

Relationship to you _____

Email _____ Contact Number _____

4. DECLARATION

I certify that the above information is correct to the best of my knowledge.

Signed _____ Date _____

KEEPING IN TOUCH

If you are happy for Cancer Support Scotland to contact you via email, please tick this box ☐
(contacting you via email will reduce our costs.)

From time to time, we would like to contact you with details of Cancer Support Scotland activities and events. If you would prefer not to receive this information by post, please tick this box ☐

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