

FOR OFFICE USE

Volunteer Ref # _____ Date _____

Volunteer Application Form

Thank you for your interest in volunteering with **St. Cyril Cancer Treatment Foundation**

Volunteers play a vital role in the different areas of our Foundation. All volunteer applications are reviewed with consideration of current volunteer opportunities. The information you provide will be stored in confidence. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

Personal Details

Name: _____ Mr. Mrs. Miss. Ms.

Address: _____

Local Govt. _____

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

Birth-date: _____
Day / Month / Year

If you are involved with us as a volunteer and an emergency arises, whom should we contact?

Name: _____ Relationship: _____

Telephone: (Home) _____ (Mobile) _____

Equal Opportunities

St. Cyril Cancer Treatment Foundation is committed to equal opportunities and all volunteer recruitment decisions will be based on merit, suitability for the role and experience. All volunteer recruitment decisions will not be influenced by race, colour, nationality, religion, sex, marital status, family status, sexual orientation, disability, age or membership of the volunteer. St. Cyril Cancer Treatment Foundation fully endorses a working environment free from discrimination and harassment.

St. Cyril Cancer Treatment Foundation is committed to standards of excellence in Cancer Care practices. Where your volunteer role may have direct contact with patients, you will be required to complete a Confidentiality Form, which will be processed by the Head office of St. Cyril Cancer Treatment Foundation. In the meantime, please complete the questions below:

Have you ever been convicted of an offence in the Federal Republic of Nigeria or elsewhere?

Yes No

If you ticked yes, please provide details below

Your Skills and Interests

1. Have you ever done any voluntary work before? Yes No

If you answered yes, please tell us a little about the experience.

2. Why do you want to volunteer now? What has motivated you to get in touch with us?

3. Do you have any particular skills or qualities that you could use in your voluntary work?

4. Are you applying for a specifically advertised position? Yes No

If yes, please write the following; Role name _____
Reference # _____

5. What kind of voluntary work interests you?

- Grant research
- Grant Application
- Patient Care Activities (Oncology)
- Patient Support Activities (Oncology)
- Social Media/ Website management
- Internship in the Head Office
- Fundraising Activities
- Research Data Collection
- Newsletter production
- Phone bank
- Events
- Administration
- Other

6. When are you available for voluntary work? Totally Flexible

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

7. How long do you intend to volunteer for? _____

(note that some opportunities demand a minimum time commitment, ie. Board level roles)

8. Where do you wish to volunteer? _____
(State / City Area or National Office)

9. How did you find out about volunteering with St Cyril Cancer Treatment Foundation?

- Information / Outreach meeting
- St Cyril Foundation Website
- A Volunteer Centre
- Leaflet / Poster
- Word of Mouth
- Internet www. _____
- Other _____
- Boardmatch
- Media Radio / Television / Newspaper

References

1.

Name: _____ Relationship: _____

Place of Work: _____ Position: _____
(If applicable)

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

2.

Name: _____ Relationship: _____

Place of Work: _____ Position: _____
(If applicable)

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

If you have any queries when completing this application form, please phone +234 814 032 2025 or e-mail info@stcyrilfoundation.org If you would like to find out more about St. Cyril Cancer Treatment Foundation, log onto our website www.stcyrilfoundation.org

Is there any additional information you would like to bring to our attention?

I declare that the information I have provided is true. All my actions as a volunteer will reflect the values of St. Cyril Cancer Treatment Foundation and I agree that being Cancer Care Centered will be central to my role.

Signed _____ Date _____

For office use only

Notes

Volunteer Position _____

Volunteer Interview _____

Volunteer Role Description sent _____

References Collected _____

Volunteer Start Date _____