

## **VOLUNTEER APPLICATION FORM**

### **Your Details**

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

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

### **Availability**

Which day/s of the week are you available for volunteering?

\_\_\_\_\_  
\_\_\_\_\_

How many hours on the above days can you spend volunteering?

\_\_\_\_\_  
\_\_\_\_\_

### **Activities**

Please tick which of the following volunteering tasks you would be most interested in participating in:

- Office administration
- Driving patients to hospital appointments
- Fundraising / collecting during appeal week and at other times when required
- Home help for patients (gardening, housework, etc)