



# Application Form - Rise Above - Capital Region Cancer Relief

## Contact Details

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## General Availability

Please indicate when you are available to volunteer.

	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	<input type="checkbox"/> Nights
<input type="checkbox"/> Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Additional Information

Gender \_\_\_\_\_

Country of Birth \_\_\_\_\_

Languages Spoken other than English \_\_\_\_\_

**Selection Criteria**

Are you able to commit to a minimum of 3 events per year? \_\_\_\_\_

Are you able to commit to a meeting on the 4<sup>th</sup> Tuesday of every month? \_\_\_\_\_

**About You**

Why are you interested in volunteering for Rise Above – Capital Region Cancer Relief?

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What skills/experiences do you have that you would like to utilise as a volunteer with us?

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Are you a previous patient of Rise Above, or a family member of a patient? \_\_\_\_\_

**Medical Information**

Is there any information, medical or other, that you feel we need to be aware of that may affect your volunteering? (Please note: undisclosed pre-existing conditions may not be covered if you make a claim) If yes, what information do you need to make us aware of?

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**Emergency Contact**

Please provide the details of the person you would like us to contact in an emergency

Emergency Contact Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Best Contact Number \_\_\_\_\_

**Credentials**

Do you have a current Working with Vulnerable People Card? \_\_\_\_\_

Working with Vulnerable People Number \_\_\_\_\_

I, \_\_\_\_\_ am willing to offer my services to Rise Above on a Volunteer Basis. I certify that all the information provided is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please ensure completed forms are submitted to

Email: volunteer@riseabovecbr.org.au

Fax: (02) 6297 1878

Post: PO Box 1351, Queanbeyan NSW 2620

In Person: 21 Cooma Street, Queanbeyan NSW 2620