

Kerry Cancer Support Group

Health Link Bus

Thank you for your interest in volunteering with Kerry Cancer Support Group.

By volunteering, you will join our team of supporters who make a remarkable difference. We believe that every person who avails of our service deserves the best supports possible. Each year we need more and more funding to literally keep our services on the road. We rely on our volunteers to ensure that we have the support to make this happen. Thank you for being one of our amazing supporters.

Please complete this form using BLOCK CAPITALS & return, with a copy of photo ID, to the address below.

You can also scan the form and email to kerrycancersupportgroup@eircom.net. We will be in touch shortly to discuss volunteering options with you.

Surname:	First Name:		
Address:			
Daytime Mobile	Evening Mobile:		
Email:			
Gender:			
Male	<input type="checkbox"/>		
Female	<input type="checkbox"/>		
Age Group:			
Under 18	<input type="checkbox"/>	18-25	<input type="checkbox"/>
26-40	<input type="checkbox"/>	41-55	<input type="checkbox"/>
Over 55	<input type="checkbox"/>		

Please return completed form to: Kerry Cancer Support Group
 124 Tralee Townhouse Apartments
 Maine Street Tralee Co Kerry

Please select the area you wish to volunteer in:

- **Fundraising:** (Street Collection, Events, Bag Packing)

- **Volunteer Driver: N.B.** (Please provide proof of FULL CLEAN IRISH or EU

DRIVING LICENCE Do you have comprehensive car insurance: Yes ___ No ___

- **Raising awareness:** Speaking about the organisation
- **Charity Representatives:** Attending events etc

Please tell us why do you want to volunteer with our organisation?

Have you volunteered before, please give details of where you have volunteered, for how long and describe your role.

When are you available to volunteer? (Please specify days, time and length of commitment you would like to make)

References: Please supply us with the names of two referees (non-relatives)

Name: _____ Name: _____

Email: _____ Email: _____

Mobile: _____ Mobile: _____

Any Other comments:

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