



West Dunbartonshire Volunteer Application Form

Cancer Information and Support Service Volunteer

Thank you for applying to be a volunteer with West Dunbartonshire Libraries. We ask you to complete this application form to enable us to match you with a suitable volunteering role. If you are unsure about any part of the form or have any questions about volunteering please contact the Macmillan @ West Dunbartonshire team. Our contact details are provided at the end of this form.

PERSONAL DETAILS

PERSON	NAL DETAILS			
Title:	First Name:	Last Name:		
Home Address:		Contact Address (if different):		
Post Code:		Post Code:		
Telephone Number (home):		Telephone Number (day):		
E-mail a	ddress:			
What type of roles are you interested in? (Completed by Office) Macmillan Cancer Information and Support volunteer				
How did you find out about volunteering with West Dunbartonshire:				
	MENT DETAILS at present:			
Student	Employed U	Inemployed Retired Other		





EXPERIENCE

Please summarise any experience that you consider to be relevant to the volunteering opportunity (either paid, voluntary or other), starting with the most recent. Please attach a separate sheet if required.

Dates	Relevant information

EDUCATION, QUALIFICATIONS & TRAINING

Please give details of your education, qualification and training relevant to the application

Dates	Qualification / course completed





Relevant Skills Please give details of any relevant skills you feel may be relevant to your application?					
Languages Please give details of any languages you speak besides English.					
Criminal Convictions If yes please give details of any unspent convictions. A conviction will not necessarily exclude you from volunteering but we are legally obliged to ask. We do consider any conviction in relation to the voluntary position. Disclosure Scotland forms will need to be completed for this role.					
REFERENCES We require two written references for all Please give the names, addresses and to testify to your reliability and trustworthine Name: Address:	elephone numbers of two referees who ca				
Daytime Telephone Number: E-mail: Relationship to you:	Daytime Telephone Number: E-mail: Relationship to you:				



Tel: 01389 608049



Data Protection Act (2018): In submitting this application I agree that Macmillan@West Dunbartonshire Libraries may collect the personal data it contains and use that data for recruitment, personnel and training purposes only.

To the best of my knowledge the information that I have provided on this form is correct. I understand that deliberate misrepresentation or omission of factual information may disqualify me from consideration or lead to dismissal in my role as a volunteer.

I declare the information I have given is true to the best of my knowledge:		
Signed	Date	
Please return to:		
Macmillan @West Dunbartonshire Libraries		
Dumbarton Library		
Strathleven Place		
G82 1RD		