

Tuam Cancer Care
Support Volunteer Application Form

Name: _____	
Address: _____	
Contact Numbers: Home: _____	Work: _____
Mobile: _____	Email: _____

Please tick the sessions you would be available to work in Tuam Cancer Care Centre:

- | | | | | |
|------------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|
| Monday 9.45a.m. – 2.00 p.m. | <input type="checkbox"/> | Monday 6.50p.m - 9.00p.m. | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuesday 9.45a.m. – 2.00pm. | <input type="checkbox"/> | Wednesday 9.45a.m. - 2.00p.m. | <input type="checkbox"/> | |
| Thursday 9.45a.m. – 2.00p.m. | <input type="checkbox"/> | Friday 9.50a.m. - 2.00p.m. | <input type="checkbox"/> | <input type="checkbox"/> |

Can you commit to two sessions per month and a monthly Support Volunteer Meeting? Yes No

Why do you want to volunteer in Tuam Cancer Care Centre?

Have you had any training that would be relevant in your work as a Support Volunteer?

What do you hope to gain from being a Support Volunteer?

What qualities would you bring to your work in the centre?

What experiences have you had that may help you in your work as a Support Volunteer in Tuam Cancer Care Centre?

What are your interests or hobbies?

Have you had a cancer diagnosis?
(If yes please complete Section A)

Yes No

Have you had a relative or a close friend who has had a cancer diagnosis?
(If yes please complete Section B)

Yes No

Section A

Details of cancer diagnosis: _____

Date of diagnosis: _____

Treatment: Surgery Chemotherapy Radiotherapy Hormone Therapy Other

Recurrence

Details of recurrence: _____

Date of recurrence: _____

Treatment: Surgery Chemotherapy Radiotherapy Hormone Therapy Other

Section B

What experiences have you of being involved with a person with a cancer diagnosis and what was your relationship to this person?

Details of cancer diagnosis: _____

Date of diagnosis: _____

Section C

Reference

(Please provide contact details for a reference)

Name: _____

Address:

Phone: _____ **Mobile:** _____

Any other relevant information

Signature of Applicant: _____ **Date:** _____

Please return application to: *The Coordinator of Services, Tuam Cancer Care, Cricket Court, Dunmore Road, Tuam, Co. Galway.*