



Volunteer Registration Form

Personal details

Name _____

Phone _____

Address _____

Mobile _____

Email _____

Please tick the voluntary work that are you interested in:

| | | | | | |
|-----------------------------|--------------------------|--------------------|--------------------------|------------------------------|--------------------------|
| Any | <input type="checkbox"/> | Fundraising Events | <input type="checkbox"/> | Administration | <input type="checkbox"/> |
| Raising awareness Campaigns | <input type="checkbox"/> | Patient Support | <input type="checkbox"/> | Other (Please specify below) | <input type="checkbox"/> |

Skills and Experience

Signature _____

Date _____

Data Protection Statement

By submitting this form, OG Cancer N.I (formerly OPANI) will process your information as necessary specific to this volunteering agreement. This may include sharing details with third parties in relation to background checks if necessary, in emergency situations and to enable health and safety at events. To fulfil this agreement it will be necessary for us to contact you by email, post or telephone to arrange volunteering. This information may also be shared in arranging volunteer placements for the specific purposes of a volunteering. This is necessary for the provision of a volunteering role with OGCancerNI and we are very grateful for your support. You can get further information from...

Thank you for completing this form

Please send completed forms to: **OGCancerNI, Room G 06, CCRCB, QUB, 97 Lisburn Road, Belfast, BT9 7AE**