



PATIENTSCANN
EMPOWERING LIVES ONE LEAF AT A TIME

Volunteer Application Form

If you need to submit this information in an alternative format or language, or if you require any assistance in relation to this application form, please contact Human Resources – Volunteer@PatientsCann.org.uk

Role Title

Your Details

Name	
Address	
Postcode	
Phone Number	
Email Address	



Education and Training

Employment and Volunteering History

Please tell us about jobs and volunteering you have done and about the skills you used or learned in those roles.

Supporting Statement

Please tell us why you applied for this role and why you think you are the right person PatientsCann UK.

Interview Arrangements and Availability

If you have a disability, please tell us if there are any reasonable adjustments we can make to help you in your application or with our recruitment process.

Are there any dates or times you will not be available for an interview?



When can you start volunteering for us, when can you volunteer and how often?

References

Please provide the names and contact details for up to 2 people who we can ask to give you a reference.

Referee 1

Referee 2

Declaration

I confirm that to the best of my knowledge the information I have provided on this form is correct

Name	
Signature	
Date	