

# MABS CANCER SUPPORT FOUNDATION

**Thank you for your interest in becoming one of our MABS volunteers.**



**Please fill in this form & take it to nearest MABS Charity Shop**

**To help us make best use of your knowledge/skills/experience, please fill in the form below.**

**Name:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Contact Details in Case of Personal Emergency:**

**Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Please put X against the roles below which are of interest to you. You can choose more than one if you wish. Please ask if you require further information about these roles.**

**Carer**  **Befriender**  **Counsellor**

**Patient Driver**  **Shop Van Driver/Assistant**  **Fundraiser**

**Admin Support**  **Shop Manager**  **Shop Day Manager**

**Shop Assistant**  **Care & Share**

**Translator**  (Please state languages): \_\_\_\_\_

**Helpline Holder**  (Helpline telephone is first point of contact for persons seeking support)

**Other**  (Please specify): \_\_\_\_\_

**If you have previous experience in any of the above roles, or qualifications, could you please give a brief description below.**

## **Nurses/Care Assistants**

**For those applying as Nurse or Care Assistant, please provide a CV showing your qualifications and experience. Please ask if you wish to speak to the Care Co-ordinator about this.**

**EXPERIENCE / QUALIFICATIONS:**


**Did you, or do you work with any other Charities ? Yes / No**

**If yes, please state which one(s) and the role you had.**

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**Confidentiality Agreement**

When anyone gives MABS confidential information, they need to be sure that MABS and its volunteers will not pass this information on to anyone else without their permission. It is also important for the work of MABS that people feel confident about giving us information, as it enables us to give the most appropriate support to the individuals that we help.

For these reasons we ask *every* volunteer in our organisation to accept and agree with the statement below, showing that they understand the need for confidentiality and will agree to keep information confidential.

## **Confidentiality Statement**

**I recognise that during the course of my work as a volunteer for MABS I may learn information about individuals that is confidential to them and/or to the MABS organisation and must not be disclosed to anyone external without the permission of the person concerned. I agree to uphold this commitment to confidentiality both whilst I am working for MABS and elsewhere.**

## **Honesty, Trust and Integrity Agreement**

When an individual becomes a MABS volunteer, he or she may regularly or infrequently be entrusted with the handling of goods, items or monies either from donations or as a result of sales of donated items. Alternatively, he or she may submit expense claims or other submissions requiring payment or the temporary holding of items or other similar situation. Therefore, each individual is accepting a position as a MABS volunteer based on our trust and confidence in the person.

It is obvious and clear that as MABS is new to any new volunteer, the individual is new to MABS and that we are accepting an individual on the basis that they are an honest and trustworthy person.

MABS is an organisation that cannot exist without, and greatly depends on trust, honesty and integrity among every one of its Volunteers and it cannot permit situations where that trust, honesty and integrity breaks down because of deliberate action or actions by a volunteer.

Therefore, every volunteer must accept and agree with the declaration below.

## **Honesty, Trust and Integrity Statement**

**I agree that during my working time as a MABS volunteer I will conduct myself in an honest and trustworthy manner at all times. I further agree that should my honesty, trust and integrity be shown to be in conflict with MABS requirements, or that MABS loses confidence in me due to lack of honesty or trust by my action or actions, this will result in MABS terminating my services as a volunteer.**

By signing this application form I recognise that I am agreeing to abide by the MABS Confidentiality Agreement and the MABS Honesty, Trust and Integrity Agreement.

I also understand that MABS volunteers are strictly advised not to lift MABS patients and not to drive them to and from hospital without a Carer present.

Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**\*\* Please provide a passport photograph for your ID card when you submit your form\*\***

**Thank you !**