

Volunteering with Can Assist makes a difference locally, helps sustain our meaningful assistance model and builds community. Your contribution is greatly appreciated. Our volunteers who choose to become members gain an additional opportunity to contribute to the governance of the branch and organisation. No matter your experience or commitment level in time, joining Can Assist will provide you the satisfaction of giving to a well respected cause assisting Country NSW cancer patients.

Please tick your preferred relationship with Can Assist:

- New Member (volunteer and support committee structure and voting)     Membership Renewal  
 Volunteer (to assist at events, programs or projects)

## Your Details

Local Branch: \_\_\_\_\_

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ (this information is required for insurance purposes)

Address: \_\_\_\_\_ Post code: \_\_\_\_\_

## Availability

Please tick when you are available below and include any additional comments on the right. To keep within Volunteering Australia's National Standards, volunteer roles generally do not exceed 16 hours a week.

	Day	Evening	
Monday – Friday	<input type="checkbox"/>	<input type="checkbox"/>	_____
Saturday – Sunday	<input type="checkbox"/>	<input type="checkbox"/>	_____

## For all applications please complete:

- I agree to comply with the Constitution, By Laws and the endorsed policies, procedures and guidelines of Can Assist (Cancer Patients Assistance Society of NSW).
- I agree that during my volunteering with Can Assist, and after the volunteering ceases, I will hold and keep confidential all personal information that comes into my knowledge or possession. I agree to protect the privacy of those to whom the information relates, and will not discuss or divulge personal information at any time or to any third party, unless as a necessary part of my work with Can Assist. I give an undertaking that I will observe this confidentiality at all times.
- For members, I will enclose my annual Membership payment with this form, and will give them both to my local Branch President, Treasurer or Secretary

### Applicant's Signature:

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

### Branch President's Signature

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

**FOR BRANCH USE ONLY** Membership Payment Received: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Have all Contact Details been completed?  Yes  No

### Branch Treasurer's Signature:

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

**FOR SYDNEY OFFICE USE ONLY** Membership Number: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Financial Year: \_\_\_\_\_ Badge needed?  Yes  No