

El cuidado paliativo inmenso amor por la vida

## Candidate volunteer application form

Forename			Surname		
Mr, Mrs, Miss			Date of Birth		
Address					
Postcode					
Telephone			Mobile		
Correo electrónico /	Email		NIE/Passport	Languages	
Profession (past, present)			Emergency contact (name and telephone)		
Please give brief details about why you would like to be a volunteer and what skills and experience you would bring.					
Hobbies and interests.					
¿Dónde le gustaría ayudar? How would you like to help?					
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Administration		Fundraising			
Homecare		Stall			
Patient Transport		Daycare Cent	re 🗆		
Other (Please explain):					
How did you hear about us?					
Your availability?					



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Do you have any health problems or disabilities? No □ Yes□ (Please explain)					
Have you experienced a personal loss within the last 2 years (e.g. bereavement, divorce, redundancy?)					
No ☐ Yes ☐ (If 'yes', please give details including approximate dates)					
Declaration					
I accept the conditions set out in the Confidentiality Policy.					
I understand it is necessary to attend continuous volunteer training.					
I know of no reason why I should not be accepted as a volunteer.					
(Signature)					
(date)					
Uso oficial/For Official Use:					
Intorvious	Date				

Pursuant to the services provided by Asociación Girasol, data protection law informs you that your personal data will be used solely for the provision of services and recorded on file retained in confidential locked storage.

You are also advised that the collection and processing of personal data is used for administrative purposes, for statistical purposes and for sending information.

If you wish, you may exercise your rights to access, amend, cancel and/or oppose your personal data as provided for by law by writing to: Asociación Girasol, Pza. de la Constitución s/n (Edif. Lucas Maireles), Alameda 29530, Malaga.

Informed Volunteer manual
Volunteer's agreement signed
Confidentiality agreement signed

Initial induction session Role specific training