



Volunteer Application Form

Please Print.

Personal Data

Name: _____ Date: _____

Address: _____

Phone: _____ Best time to call: _____

E-mail address: _____ Birthday: _____

Emergency Contact Person: _____ Relationship: _____

Emergency Contact Phone: _____

School/Business Data

School/Company: _____ Position: _____

Address: _____

Phone: _____ Ext. _____ Best time to call: _____

Can we call you at work? _____ Fax: _____

How did you hear about Cancer Patient Services? _____

Why are you interested in being a volunteer for Cancer Patient Services? _____

Do you know of any potential conflict of interest with volunteering at this agency? _____

Please circle one or more volunteer positions you are most interested in:

Office Support	Board/Committee Member	Direct Client Service	Event: Please list specific Event:
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Availability:

	Mon.	Tues	Wed.	Thurs.	Fri.	Sat.	Sun.
Hours available:							

How long are you able to volunteer? Please check one:

_____ One time Event _____ One Month _____ Three Months _____ As needed

Have you been convicted of a felony? _____ If so, please explain: _____

_____ (over)



Please List your Previous Volunteer Experience:

<i>Organization</i>	<i>Dates Volunteered</i>	<i>Please Describe Volunteer Activity</i>

Please list your Previous Work Experience:

<i>Organization</i>	<i>Dates Employed</i>	<i>Brief Description of Work</i>

Summarize how your experience, knowledge, and skills will be brought to this agency and that would help advance the goals of CPS: (Add attachment if needed) _____

I hereby attest the above information to be true to the best of my knowledge.

Signature

Date

Please List three references who you have worked with in a paid or volunteer capacity. Please use individuals that know you well and are not relatives. Thank you.

<i>Name</i>	<i>Phone Number</i>	<i>E-mail Address</i>