Volunteer Application

For office use

☐ HIPAA Form rec'd _____

☐ Parking Permit distributed ____

☐ Name Badge ordered _____

First Name Middle Initial Last Name

Address City State Zip

Phone Number Email address Birth Date

Spouse's Name

Are you currently employed? □ Yes □No

If yes, _____
Employer Name Phone Number

Do you have a college degree? □ Yes □No

Degree:_____ Field of Study:_____

What, if any, foreign languages do you speak:_____

Special interests & hobbies:_____

Special skills (i.e., computer, office, etc.):_____

Previous employment that may relate to your volunteer work at the Cancer Center:_____

Previous volunteer experience:_____

What type of volunteer work are you interested in? □ Coffee Host/Hostess □ρ Patient Assistance

□ Clerical Support Staff □ Special Events (i.e., Viva La Vida, Cancer Center Walk/Run)

What days are you available? □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday

What hours are you available? M_____ T_____ W_____ Th_____ F_____

In case of an emergency, who can we contact?

Name Phone number Relationship

How do you know about the Cancer Center?_____

Do you have any limitations that might prevent you from doing certain types of work? _____

Do you have any health problems we should know about?_____

Type of automobile_____ Year_____ Color_____ License Plate_____

_____ _____
Signature Date