



(please print)

Volunteer Application

Date: _____

Name: _____
 First Name MI Last Name

Address: _____

City: _____ State: _____ Zip: _____

Day/Work phone: _____ Home phone: _____

E-mail address: _____

Emergency Contact: _____ Phone #: _____

Date of Birth (month & day only): _____

Education

High School: 9 10 11 12 College: 1 2 3 4 5
(circle last year completed) Degree: _____

Employment Information

Employer: _____ Full or Part Time _____

Address: _____

City: _____ State: _____ Zip: _____

Updated 1/14

"...so that no one faces cancer alone"

Volunteer Information

Have you ever done volunteer work before? _____

Where, and what kind: _____

Organizational Memberships: _____

Interests, Skills, Hobbies: _____

Days/Times Available: _____

Why do you want to volunteer? _____

How did you hear about the Cancer Support Community? _____

What type of volunteer work would you like to do at the Cancer Support Community?

- | | | | |
|----------------------|-------|-------------------------|-------|
| General Office Help | _____ | Assisting with Evening/ | |
| Computer Work | _____ | Weekend Programs | _____ |
| Mailings | _____ | Special Events | _____ |
| Health Fairs | _____ | Community Speaking | _____ |
| Delivering Info. | _____ | Newcomers' Orientation* | _____ |
| to Hospitals/Offices | _____ | | |

*(must be a cancer survivor)

Thank you for your time in filling out this application and for your interest in volunteering at the Cancer Support Community!

Volunteers and Interns are unpaid positions. Participants in the volunteer or internship positions are not entitled to a job, and shall not be paid for and are not eligible for any fringe or

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employment benefits. Volunteers and Interns volunteer his/her time freely and without anticipation of any compensation or benefits.

CONFIDENTIALITY AGREEMENT

The Cancer Support Community of the Greater Lehigh Valley has the responsibility of protecting and promoting the rights of each individual participant and donor. This includes the individual's right to confidentiality. All information – verbal, written or computerized – concerning donors, participants and their families will be held in confidence and shared only within the team to the degree necessary to offer appropriate assistance. This includes medical, personal, social, psychological and financial information.

Volunteers are responsible for maintaining the confidentiality of all information to which they are exposed while servicing as a volunteer. As a condition to their participation, volunteers must sign this statement indicating compliance with this agreement. Failure to maintain confidentiality will result in the termination of my volunteer relationship with the Cancer Support Community of the Greater Lehigh Valley.

Signature: _____ Date: _____

Updated 1/14