



VOLUNTEER PROFILE SHEET

1101 North Woolsey Ave.
Fayetteville, AR 72703
(479) 521-8024
(479) 521-8041 FAX

2706 E. Central Ave.
Bentonville, AR 72712
(479) 271-2257
(479) 271-7493 FAX

Date _____

TO BE CONSIDERED FOR VOLUNTEER PLACEMENT, WE REQUEST THAT YOU:

1. Answer all questions included in this application form. Please return form in person, or via mail or fax, to Cancer Support Home location at which you choose to volunteer.
2. Agree to attend a volunteer orientation session.

Name: _____

Mailing Address: _____

(Street, City and ZIP Code)

Email Address _____

Daytime Telephone: _____ Evening Telephone: _____

Date of Birth: _____ Present Status: _____ Married _____ Single _____ Widowed

Spouse's Name: _____ Number of Children ____ Ages _____

Present Occupation/Status: _____

Employer (School): _____

In Case of Emergency, Notify: _____ Phone: _____

Have you ever been employed or volunteered at Washington Regional Medical Center? Yes _____ No _____

Employee _____ Volunteer _____ Date _____ Name Used _____ Dept. _____

Have you ever been convicted of a crime other than a traffic offense: Yes _____ No _____ If yes, please specify nature of crime and when committed: _____

Please list spoken languages, other than English, including American Sign Language: _____

Please list your past volunteer experience (agencies and activities): _____

Have you had a personal experience with cancer? _____No _____Yes If yes, please explain: _____

Why do you want to volunteer for the Cancer Support Home: _____

Please list any relatives or friends within the hospital (medical staff, employees, other volunteers, etc.)_____

Personal Reference: Name_____Phone_____

Address _____ Relationship _____

AREAS OF VOLUNTEER INTEREST:

Receptionist	___	Nutritional Classes	___	Library	___
Call List	___	Educational Classes	___	Boutique Services	___
Landscaping	___	Publicity/Newsletters	___	Planning Social Activities/Fundraisers	___
Other	_____				

What days/hours are you available to volunteer? _____

Occasionally the form of an application blank makes it difficult for an individual to adequately summarize his/her complete background. To assist us in finding the proper volunteer position for you in our cancer support home, use the space below to summarize any additional information about your interest and to describe your qualifications:_____

I will not take an assignment that I cannot fulfill. I will try to find a substitute from the volunteer list if I'm unable to work my shift or I will call the volunteer coordinator.

Signature _____ Date _____

THANK YOU FOR COMPLETING THIS FORM AND FOR YOUR INTEREST IN VOLUNTEERING!

A service of
Washington Regional Medical Foundation
PO Box 356, Fayetteville, AR 72703
(501) 444-9888

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