



Washington Regional Cancer Support Home

Volunteer Application

All information provided will be used for official Cancer Support Home business. Information will not be released to clients. Please complete all information and circle appropriate answers.

General Information

Name: _____ Nickname: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Birth Mo/Day: _____ Gender: M F

In Case of Emergency Notify: _____ Phone: _____

Special Interest/Skills/Hobbies: _____

Volunteer Availability

Circle All That Apply

Location: Bentonville Fayetteville

Would you be willing to travel to the other home to volunteer on occasion? Yes No

Frequency: Weekly Bi-Monthly Monthly As Needed

Shift Availability: Monday Tuesday Wednesday Thursday Friday

Time: Morning Afternoon Evening (Special Events Only)

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: _____

What language(s) other than English do you speak? _____

Is there anything that would limit your ability to serve as a volunteer? _____

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

How did you learn about this volunteer opportunity? _____

Why do you want to volunteer for CSH? _____

Please list your past volunteer experiences:

<u>Date To/From</u>	<u>Agency</u>	<u>Responsibilities</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide two references that you have known for at least three years that are not related to you.

Reference: _____ Relationship: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip code: _____

Reference: _____ Relationship: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip code: _____

Volunteers are crucial to the success of the home. CSH staff understands that an absence will occur from time to time. However, if absences become habitual, a staff member will visit with you about adjusting your volunteer schedule to a time that better meets your availability.

All the information provided is true to the best of my knowledge:

Name Date

Thank you for interest in becoming a Cancer Support Home volunteer!



VOLUNTEER AGREEMENT

1. I will arrive on time for all scheduled shifts. I will contact CSH staff as soon as possible if I am unable to work a shift or if I am unable to continue volunteering.
2. I will meet the needs of clients to the best of my ability by giving them my attention. I will support clients by listening to, not dismissing, their thoughts and feelings.
3. I will reserve personal activities (homework, reading, etc.) until all daily tasks and other CSH responsibilities have been completed.
4. I will represent the Home's inviting, professional atmosphere with casual, yet neat dress during my shift at the Home. I understand that appropriate attire includes clothing that is neither revealing, nor contains obscene or suggestive messages.
5. I will help clients who are sensitive to strong odors during treatment by not wearing heavily scented products to the Home.
6. I will refrain from offering medical advice or expressing negative opinions of specific physicians and hospitals.
7. I will not expose clients to contagious illnesses. If I develop a cold, flu, fever, etc., - or become exposed to a contagious disease (like chickenpox), - I will contact CSH staff so that a fill-in volunteer can cover my shifts until I am well.
8. I will keep confidential the names and personal information of clients. I will share client information with CSH staff when relaying information for program purposes or when seeking advice and direction.
9. I will not share my secure door code with others and I will not use the code to enter the Home outside of regular hours unless given special permission by CSH staff.

Printed Name

Signature

Date