



Washington Regional Cancer Support Home

Providing hope and comfort to those on a cancer journey

Volunteer Application

All information provided will be used for official Cancer Support Home business. Information will not be released to clients.

General Information

Name: _____

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

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? _____

488 E. Longview St.
Fayetteville, AR 72703
(479) 404-2162
(479) 404-2161 FAX
cancersupporhome@wregional.com

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: _____

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

Name

Date

Thank you for your 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 their thoughts and feelings.
3. 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.
4. I will help clients who are sensitive to strong odors during treatment by not wearing heavily scented products to the Home.
5. I will refrain from offering medical advice or expressing negative opinions of specific physicians and hospitals.
6. 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.
7. I will keep confidential the names and personal information of clients. I will only share client information with CSH staff when relaying information for program purposes or when seeking advice and direction.
8. I will not share my access badge with others.

Printed Name

Signature

Date