

Volunteer/Intern 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: _____

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? _____

How did you learn about this volunteer opportunity? _____

Why do you want to volunteer with the Cancer Support Home? _____

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 interest in becoming a Cancer Support Home volunteer!

VOLUNTEER / INTERN AGREEMENT

1. I will arrive on time for all scheduled shifts. I will contact Cancer Support Home 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 Cancer Support Home's inviting, professional atmosphere with casual, yet neat dress during my shift. 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 Cancer Support 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 Cancer Support Home 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 share client information with Cancer Support Home 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