



Volunteer Application

For Office Use Only

Name:				Date Applied:	/ /
Address:		City:		Zip:	
Email:				County:	
Home Phone:			Cell Phone:		
Place of Employment:			Work Phone:		
Date of Birth:		Gender:	M F	Race:	
Emergency Contact (Name, Relationship and Phone Number):					

Are you a cancer survivor? If so, what type? How long since diagnosis?	
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When are you available to volunteer?	Business Hours (9 to 5 Mon - Fri) <i>List days/times below</i>	Week Nights <i>Circle Yes or No</i>	Weekends <i>Circle Days</i>
		Yes No	Saturday Sunday

Check all skills that apply	Administrative/Office	Client Services	Language Skills	Special Events
	Board of Director	Making phone calls	Bi-lingual-Spanish	Concessions
	Clerical	Social worker	Specialized Services	Event Coordination
	Computer Support	Provide Peer Support	Chair Massage	Registration
	Data Entry	Group Facilitation	Cleaning Wigs	Checkout
	Equipment Cleaning	Communications/Marketing	Styling Wigs	Selling Raffle Tickets
	Filing	Fundraising	Facial/Skin Care	Setup/Cleanup
	Grant Development	Graphic Design	Healing Touch	Silent Auction Monitor
	Inventory Management	Marketing	Legal Aid	Solicit Sponsorship Money
	Laundry	Photography	Massage	Solicit for Auction Items
	Mailings	Public Speaking	Nutritionist	
	Receptionist	Education	Other: _____	Traffic Management
	Website Development	Teacher	Reflexology	General Assistance
	Arts & Crafts	Exercise Instructor	Reiki	
	Baking	Facility Management	Yoga	
	Crafts	Gardening	Transportation	
Decorating	Handy Worker	Transport Clients		
Knitting	Painting	Pick/Delivery of Supplies/Equipment		
Sewing	Yard Care			

Please list any other information you believe it would be helpful for us to know about you:	
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Do you want to be added to our newsletter/auction mailing list? Yes No

Volunteer Opportunities

Please check any areas you have interest in volunteering for.

In Office Activities (9 to 5 Monday through Friday)

- Front Desk / Receptionist – works a 3.5 – 4.5 hour shift Mondays through Fridays 9am – 5 pm. Greet clients and assess need. Answer phones and direct clients to the appropriate staff member. Answer basic questions about Cancer Services (location, directions, hours of operation, etc.)
- Office Assistance - addressing envelopes, folding flyers, stuffing envelopes, making copies, compiling packets of information, filing, keeping office supplies organized and forms stocked
- Donation Assistance - Organize donations of wigs, mastectomy supplies, medical supplies, hats & scarves, home health equipment
- Data Entry
- Care Team - Making follow-up phone calls to clients and/or assisting clients in the office (prefer that you be a cancer survivor).
- Landscape management - mow lawn, trim bushes, weed flower beds, maintain community garden

- List any special skill you have _____

In Home Activities

- Sewing/Knitting – Pink Broomstick kit pillows & pillowcases, hats, turbans, lap quilts
- Telephone Peer Support -- Provide emotional support and information over the phone to individuals diagnosed with cancer. Volunteers must be cancer survivors at least one year out of treatment.
- Care Team - Making follow-up phone calls to clients (prefer that you be a cancer survivor).

Community Activities

- Health Fairs / Community Education – normally 2 – 4 hour shifts
- Special Events – assist with preparations, set-up, registration and check-outs for various fundraisers and special events.

Code of Ethics

As a volunteer, I believe that I am subject to a code of ethics to that of the staff. I shall accept my assigned responsibilities and expect to be accountable for what I do in terms of what I am expected to do.

- I will promise to be dependable. I will notify you if I cannot keep an appointment.
- I shall respect confidential information.
- I will accept the policies of the agency.
- I will feel free to share any information with my supervisor or another staff person.
- I will try to be a liaison between the agency and the community.

As a Volunteer I can expect:

- To be treated as a co-worker.
- To have an appropriate assignment.
- To learn about the agency.
- To receive adequate supervision.
- To feel free to share information with my supervisor.
- To receive recognition for a job well done.

Code of Confidentiality

In connection with my volunteer activities with Cancer Services, Inc., I agree to hold all information I may have access to about any client confidential and will not divulge any information to unauthorized persons.

Signature _____ Date _____

Return this form to: Cancer Services, Inc. 3175 Maplewood Ave. Winston-Salem, NC 27103 336.760.9983
Please feel free to ask any questions about this form. The demographic information is helpful for reporting and grant writing purposes.