

**VOLUNTEER APPLICATION**

Todays Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Birth Date (MM/DD/YYY) \_\_\_\_\_\_ / \_\_\_\_\_\_/\_\_\_\_\_\_\_

Marital Status: ❑ Single ❑ Living with Partner ❑ Married ❑ Separated ❑ Divorced ❑ Widowed

Ethnicity: ❑ African American ❑ Caucasian ❑ Asian American ❑ Native American ❑ Hispanic/Latino

 ❑ Native Alaskan ❑ Pacific Islander ❑ Other

Home Address

 (street /PO box) (city) (state) (zip)

Home Phone Cell Home E-mail

Employer Position

Work Phone \_\_\_\_\_ Work E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact: Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Skills or Talents**

(Circle those that apply, and feel free to write additional skills)

Typing Graphic Arts Working with Children Office Work Artistic Talents

Building Maintenance Organization Mental Health Professional Receptionist Data Entry

Public Speaking Carpentry Gardening Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Community Connections –** List any other organizations in which you are involved.

**Professional OR Education Credentials –** List any information that may be helpful for us to know.

**Have you had cancer?** \_\_\_\_\_\_\_ YES, Please tell us a little more

Date of last treatment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 What type of cancer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_ NO, but I have a personal cancer connection

 \_\_\_\_\_\_\_ NO, but I have a desire to help those affected by cancer

**How did you hear about Cancer Support Community Greater Philadelphia?**

**AVAILABILITY**

*Please Circle:*

**How often are you interested in volunteering?** Once a week Once a month Less frequently

**Are you able to commit to 6 or 8 hours a month?**  Yes \_\_\_ No \_\_\_

**Please check the days/times at which you would typically be able to volunteer if a volunteer opportunity interested you?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Weekends |
| Mornings |  |  |  |  |  |  |
| Afternoons |  |  |  |  |  |  |
| Evenings |  |  |  |  |  |  |

**DONOR INFORMATION**

By becoming a volunteer, you will automatically receive all of our donor information. If you do not want to receive this information please let us know.

**VOLUNTEER AREAS OF INTEREST** (*please check all that apply)*

* **Front Desk:**
	+ requires a weekly three to four hour commitment with a high degree of regularity
	+ outgoing personality and ability to actively listen and help callers and walk-ins with program information
* **Behind the Scenes:**
	+ facilitate a workshop or lecture on a skill, talent, or artistic ability you can share with others
	+ assist with the set-up and clean-up of program activities
	+ aid in the planning of social activities
	+ solicit, buy and pick up food and decorations for social gatherings parties and events
* **Outreach/Special Events:**
	+ often weekend or evening hours
	+ willingness to present mission and program information clearly (training is provided)
	+ ability to operate independently at off site locations (training is provided)
* **Noogieland (Children’s Programming):**
	+ play and interact with children while their parents attend a program
	+ help plan and participate in social activities for families (i.e. NoogieFest Halloween Party)
	+ solicit food, prizes, and materials for use in Noogieland or during social activities

**REFERENCES**

Please list two volunteer or work related references and their phone numbers.

**1) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**All Volunteers are required to provide us a copy of a criminal background check and child abuse clearance.**

**Please forward these documents as well as this application to your closest address listed below:**

|  |  |
| --- | --- |
| **CSCGP-Gilda’s Club****Attn: Aly Burger****200 Kirk Road****Warminster, PA 18974****Phone: 215-441-3290 Ext:103****Fax: 215-441-3295****aly@cancersupportphiladelphia.org** | **CSCGP- Ridgeland****Attn: Aly Burger****4100 Chamounix Drive****Philadelphia, PA 19131****Phone: 215-879-7733** |

**THANK YOU!**

**For Office use:**

**Training Date \_\_\_\_\_\_\_\_\_ Criminal Check on File \_\_\_\_\_ Child Abuse Check on File \_\_\_\_\_**