



Volunteer Application

<i>For office use</i>	
<input type="checkbox"/> HIPAA Form	rec'd _____
<input type="checkbox"/> Parking Permit	distributed _____
<input type="checkbox"/> Name Badge	ordered _____

First Name	Middle Name (required)	Last Name
Address	City	State
Phone Number	Email address	Birth Date (required)

Spouse's Name _____

Are you currently employed? Yes No If yes, _____

Employer Name	Phone Number
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Do you have a college degree? Yes No Degree: _____ Field of Study: _____

What, if any, foreign languages do you speak: _____

Special interests & hobbies: _____

Special skills (i.e., computer, office, etc.): _____

Previous employment that may relate to your volunteer work at the Cancer Center: _____

Previous volunteer experience: _____

What type of volunteer work are you interested in? Greeter/Escort Patient Assistance

 Clerical Support Staff Special Events

What days and hours are you available? M_____ T_____ W_____ Th_____ F_____

Emergency contact: _____

Name	Phone number	Relationship
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How do you know about the Cancer Center ? _____

Do you have any limitations that might prevent you from doing certain types of work? _____

Do you have any health problems we should know about? _____

Type of automobile _____ Year _____ Color _____ License _____

Plate _____

Signature _____ Date _____