

## Volunteer Application

All volunteers are required to participate in orientation training  
 (Please Print)

**Areas of Volunteer interest (please check all that apply):**

- | <u>Office</u>                           | <u>Facility</u>                             | <u>Professional</u>                             | <u>Special Events</u>                         |
|---|---|---|---|
| <input type="checkbox"/> Greeter/Phones | <input type="checkbox"/> Gardening          | <input type="checkbox"/> Massage Therapist      | <input type="checkbox"/> Golf & Tennis Outing |
| <input type="checkbox"/> Mailings       | <input type="checkbox"/> Light Maintenance  | <input type="checkbox"/> Reiki Facilitator      | <input type="checkbox"/> Walk-of-Hope         |
| <input type="checkbox"/> Data Entry     | <u>Program</u>                              | <input type="checkbox"/> Yoga Facilitator       | <input type="checkbox"/> President's Ball     |
|   | <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Meditation Facilitator |   |
|   | <input type="checkbox"/> Program Assistant  | _____ Other                                     |   |

If you are interested in volunteering at the **Village Door** consignment shop, please call **708. 798. 8665** to obtain an application. All proceeds benefit the free programs provided by **The Cancer Support Center**.



**Availability (please circle all that apply):**

Monday	AM	PM	Tuesday	AM	PM	Wednesday	AM	PM
Thursday	AM	PM	Friday	AM	PM	Saturday	AM	PM
Sunday	AM	PM						

**Adult Volunteer Applicant Statement**

I am interested in serving as a Cancer Support Center Volunteer. I am prepared to receive the required training and devote the agreed upon time to The Center. I hereby waive all claims against The Cancer Support Center, sponsors and any personnel for any injury I might suffer while volunteering for The Cancer Support Center. My photo, image, likeness, name, etc. may be used in The Cancer Support Center's promotional materials.

\_\_\_\_\_  
*Signature of Volunteer Applicant*

\_\_\_\_\_  
*Parent/guardian's signature if less than 18 years old*

For additional information contact:  
 Cynthia Turnquest, Manager of Community Relations  
 cturnquest@cancersupportcenter.org or 708. 798. 9171, ext. 204

Today's Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Phone \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

\_\_\_\_\_ Cell \_\_\_\_\_

How do you prefer to be contacted (please circle) e-mail *or* telephone

Have you ever been convicted of a felony? yes no

*(A conviction will not necessarily bar participation in our volunteer program but will be considered within the context of the entire application.)*

Which location would you prefer to volunteer?(please circle) Homewood *or* Mokena

### Employment

Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you retired *or* a full-time caregiver? (please circle)

### Education

Please indicate your highest level of education \_\_\_\_\_

Please list any certifications or licenses you possess: \_\_\_\_\_

How did you hear of The Cancer Support Center?

Have you had a cancer experience? If yes, please describe.

Have you participated in The Center's programs? If yes, please describe.

Why do you want to volunteer at The Cancer Support Center?

Do you have previous volunteer experience? If yes, please describe.