



VOLUNTEER APPLICATION

DATE _____

NAME _____

STREET ADDRESS _____ CITY _____ ZIP _____

HOME PHONE () _____ Cell() _____ E-MAIL _____

Individual to be notified in case of emergency:

Name _____ Relationship _____ Phone _____

How did you become interested in our volunteer program?

List previous experiences (volunteer or paid) that might be helpful:

Days Availability: M T W T F S S

Times Availability _____

List any skills or interests you have that might be helpful in volunteer work at Cancer Support Community:

Volunteer Opportunities

- Front Desk
- Workshop Coverage
- Mailings
- Pre-Event Volunteers (Fundraising and Pre-Event Organizing)
 - Gala
 - Golf
 - Hope Walk
- Day of Event Volunteer
 - Gala
 - Golf Classic
 - Hope Walk
- Photographer at events
- Other Volunteer Opportunities