

CancerLifeline

Optimizing the quality of life for all people living with cancer.

VOLUNTEER APPLICATION

Thank you for your interest in volunteering with Cancer Lifeline.
Please return completed application to:

Cancer Lifeline
Attn: Blair Rau
6522 Fremont Ave. N
Seattle, WA 98103
or brau@cancerlifeline.org

CONTACT INFORMATION

Please fill out completely.

Today's Date: _____

First Name: _____ M.I. ____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____ Birth date (for criminal history check): _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Emergency Contact: _____ Phone: (____) _____

TYPE OF VOLUNTEER

Please indicate below (✓) which category(s) you prefer as a volunteer:

____ Lifeline Volunteer

____ Special events

____ Office support/Greeter

____ Community Relations

____ Committees (Marketing, Nominating, Development, Luncheon)

____ One-time mailings/projects

____ Garden Volunteer

____ Other (if you have other skills not listed that you would like to use at Cancer Lifeline):

GETTING TO KNOW YOU

Please answer the questions below.

1. What interests you about working with Cancer Lifeline?
2. Please describe any relevant work, training, or volunteer experiences.
3. Have you volunteered with us in the past? Y/N
4. Have you attended Cancer Lifeline Classes before? Y/N
5. Are you choosing to volunteer in order to meet a school or court-ordered requirement? If yes, please explain.

AVAILABILITY

Please check all that apply.

Which **day(s)** during the week do you prefer?

- I am flexible Weekdays Weekends (Note: Most Administrative volunteers work Mon-Fri)

What **time(s)** do you prefer (please check all that apply)?

- I am flexible Mornings Afternoons Evenings

When are you available to begin volunteering? _____

REFERENCES

*Please list two personal or professional references (other than family).
You must provide an email address for your references.*

1. Name: _____ Relationship: _____

Email: _____ Phone: _____

2. Name: _____ Relationship: _____

Email: _____ Phone: _____

I certify that all information given on this volunteer application is true, complete and correct. I authorize Cancer Lifeline to contact the references provided and to conduct a Washington State Patrol Criminal History check. I understand that any false information on this application is cause for termination as a Cancer Lifeline volunteer. I also understand that any behavior deemed intolerable, rude or unjustified is also cause for termination. I have reviewed and agree to follow Cancer Lifeline's confidentiality policy. I am aware that any breach of confidentiality may result in disciplinary action including discharge from employment, termination of contractual arrangements, or being asked to end volunteer relationship with Cancer Lifeline.

Signed: _____ **Date:** _____