

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 Lafavor
6522 Fremont Ave. N
Seattle, WA 98103

or

blafavor@cancerlifeline.org

CONTACT INFORMATION

Please fill out completely.

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

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____ Birth date (for background check): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

TYPE OF VOLUNTEER

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

(Please see website for volunteer descriptions)

Lifeline Volunteer

Special Events

Office Support/Admin

Committees (Marketing, Nominating, Development, Breakfast Fundraiser)

One-time Mailings/projects

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?* Yes No

4. 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?

(Note: Most volunteer opportunities are between 9a-5p PST:M-F)

I am flexible Weekdays Weekends

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:_____