Volunteer Information Form
Cancer Services
505 E. Perkins Avenue Sandusky, OH
(419) 626-4548

Name: ___________________________ Date: ___________________________

Address: ___________________________

Home Phone: ___________________________ Work Phone: ___________________________

Date of Birth: Day________ Month_________

Hours you are available:

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<th>Monday</th>
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Would you like to volunteer on the weekend, if we have a special event? _______yes _______no

What type of volunteer work would interest you?

_____ Office/clerical, making copies, answering telephone, making telephone calls, misc. paperwork.

_____ Processing Newsletter: Get our newsletter ready for mailing: folding, stamping, stapling, and sorting.

_____ Greeting the public at Health Fairs

_____ Inventory medical equipment and supplies, painting and cleaning of office.

_____ Hopeline: a caring and supportive person, providing telephone support and encouragement to cancer patients.

_____ Delivery or pickup of items for office.

_____ Delivery or pickup of items for Patients.

_____ Transport patients to medical appointments _______ local _______ out of town.

_____ Patient assistance: Calling patients to follow up on their additional needs.

_____ Tobacco Free Program: Giving presentations to area school children on the hazards and effects of tobacco use.

_____ M.A.C. Men Against Cancer Support Group

_____ Gardner

_____ Fundraiser

Please list any limitations that need to be considered:

Emergency contact ____________________________

Name ____________________________
Address ____________________________
Phone ____________________________