



Cancer Services Volunteer Application

Voluntary positions require following office and/or event dress codes, professional behavior, and a commitment to the Cancer Service's Mission. *"Cancer Services strives to assist cancer patients and their families emotionally and financially, and to educate the community on prevention and awareness of cancer-related issues."*

This application will help Cancer Services know more about you **and** your interests. In turn, this will help us **best** match your interests with available volunteer opportunities. Upon completion of this application, please return it to Cancer Services, 505 E. Perkins Ave, Sandusky OH 44870 or scan and email it to CSpatientservices@gmail.com. If you have any questions, please call us at (419) 626-4548.

Personal Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

Date of Birth ___/___/___ Gender: Male Female Referred by: _____

What motivates you to want to volunteer at Cancer Services?

What do you hope to gain from your volunteer experience with Cancer Services?

Do you have your own cancer history or has someone in your family ever had cancer? _____ If yes, what helped you the most to cope through this process? What helped you the least?

Do you like working with others or do you prefer to work independently?

Do you currently volunteer for other organizations? _____ If yes, please list them.

Have you volunteered for other organizations in the past? _____ If yes, please list them.

Do you have any physical limitations or are you under any course of treatment that might limit your ability to perform certain types of work? _____ If yes, please explain.

Voluntary positions require a commitment. Do you have reliable transportation that you can use to travel to complete your scheduled volunteer hours?

What are the most convenient times that you can devote to volunteering at Cancer Services? *Please check all that apply.*

WEEKDAYS DAYS: _____ MON _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

BEST TIME: _____ 9 a.m. - noon _____ noon - 3 p.m. _____ BOTH

WEEKENDS: Are you available for special weekend events? _____ Yes _____ No

Skills and Interest:

- a. Current Occupation:
- b. Education: _____ High School _____ College Degree _____ Some College
- c. Hobbies, interests:
- d. Are you Bilingual?
- e. Please list special skills (Art, Administrative, Health Care, Writing, etc)

Please check the following that interest you:

- _____ Warehouse Helper - accepting, cleaning and inventory of donations.
- _____ Data Entry - logging new donations, general office, fundraising etc.
- _____ Thank You Notes - thank you cards for in-kind and monetary donations
- _____ Art Program Assistant - assist in our Healing HeARTS program
- _____ Greeting Patients and their families - reception area assistant
- _____ Wig Boutique - helping with fittings, inventory and cleaning
- _____ Assisting with Patients and their families - assisting the Patient Services Manager
- _____ Fundraising - helping with phone calls, raffle item pick-ups, event planning and day-of event needs
- _____ Special Event Volunteer - working at a "station" at an event; registration, ticket sales, etc



Personal References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least 2 years). Any information Cancer Services gathers from these references will be held as confidential and not released to you.

Name: _____

Relationship: _____ How long known: _____

Phone: _____ Email: _____

Name: _____

Relationship: _____ How long known: _____

Phone: _____ Email: _____

Name: _____

Relationship: _____ How long known: _____

Phone: _____ Email: _____

PLEASE READ AND INITIAL THE FOLLOWING:

_____ I agree to follow all policies and procedures of Cancer Services, including but not limited to, professional conduct, confidentiality of clients, respect for staff and volunteers.

_____ I understand that any violation of the policies and procedure will result in suspension and/or termination of my volunteer participation.

_____ I understand that Cancer Services is not obligated to provide a reason for their decision in accepting or rejecting me as a volunteer.

_____ (optional) I agree to allow Cancer Services to use any photographic image of me taken while volunteering. These images may be used in promotions or other related marketing materials.

_____ I understand a Background check will be performed and the information gathered during that process will be kept confidential and will not be released to me.

By signing below, I attest to the truthfulness of all information listed in this application and agree to all the above terms and conditions.

Signature

Date

Cancer Services Volunteer Release and Waiver of Liability

This Release and Waiver of Liability (the "Release") is made as of (date) _____ by (name of volunteer/candidate) _____, on behalf of himself/herself and his/her heirs, successors and assigns, ("Volunteer"), and Cancer Services, a nonprofit corporation organized and existing under the laws of the State of Ohio and each of its directors, officers, board members, clients, employees, successors, assigns, and agents, (collectively, "Cancer Services"). The Volunteer desires to provide volunteer services for Cancer Services and to engage in events or activities relating to serving as a volunteer in the capacity of volunteer, event participant, assistant, driver, activity leader or organizer, representative, speaker, or other role benefiting the organization, ("Volunteer Services").

In consideration of providing Volunteer Services for Cancer Services, Volunteer acknowledges and agrees as follows:

1. Volunteer acknowledges and agrees that the scope of Volunteer's relationship with Cancer Services is limited to a volunteer position and that no compensation is expected in return for the Volunteer Services; that Cancer Services will not provide any benefits traditionally associated with employment to the Volunteer; and that the Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of the Volunteer Services, and is not entitled to any insurance coverage by or on behalf of Cancer Services including, but not limited to, unemployment or worker's compensation.
2. Volunteer releases and forever waives, discharges and holds harmless Cancer Services from and against any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the Volunteer Services provided to Cancer Services and its mentees and/or participation in any Cancer Services events or activities including, but not limited to, any liability or claim with respect to bodily injury, personal injury, illness, death, or property damage, including any such liability or claim relating to, or caused by, the negligence of Cancer Services.
3. Volunteer understands that the Volunteer Services provided to Cancer Services and clients include activities that may be hazardous, including, but not limited to, lifting, driving, cleaning, and activities taking place in other locations. Volunteer hereby expressly assumes the risk of injury or harm from these activities and releases Cancer Services from all liability for personal injury, illness, death or property damage resulting from or relating to the Volunteer Services.
4. Volunteer agrees to defend, indemnify and hold harmless Cancer Services from and against any and all liability, claims, demands, causes of action, and expenses, (including attorneys' fees and costs), arising out of any acts or omissions by Volunteer and/or arising or relating to the Volunteer Services. In the event of such claims or causes of action, Cancer Services reserves the right to select and retain counsel of its choosing, at Volunteer/Mentor expense, and to preserve all of its defenses and rights of action.
5. Volunteer grants and conveys to Cancer Services all right, title, and interests in any all photographs, images, video or audio recordings of me or my likeness or voice made by Cancer Services in connection with the Volunteer Services or participation in any Cancer Services event or activity, without compensation or remuneration, for the purposes of promoting Cancer Services including, but not limited to, publication on its website, social media, advertising or other materials. This authorization may be revoked by Volunteer at any time by providing written notice to Cancer Services.

6. Volunteer understands that he/she may become privy to confidential information about Cancer Services and/or clients of Cancer Services and agrees to maintain the confidentiality of any information marked "confidential" or considered confidential, as well as any information regarding Cancer Services internal procedures, business operations, personnel information and the like that is not otherwise publicly disclosed by Cancer Services. Volunteer agrees not to use any confidential information in any manner that would be detrimental to Cancer Services and to avoid any actions that might impair the reputation of Cancer Services.

7. Volunteer agrees to abide by all of the policies and procedures disseminated by Cancer Services for its volunteers. Cancer Services may terminate Volunteer's participation in the Volunteer Services and Cancer Services activities, with or without notice or cause. Volunteer agrees to waive and release Walk with Cancer Services from and against any and all claims, demands, or causes of action by or on behalf of Volunteer resulting from his/ her termination from such services or activities.

8. Volunteer expressly agrees that this Release and Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Ohio and that it shall be governed by and interpreted in accordance with the laws of the State of Ohio. Volunteer agrees that in the event that any clause or provision of this Release and Waiver is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature

Date

Printed Name

If under the age of 18, parent/guardian signature

Date