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 www.CancerResources.org
 CancerServicesPatients@gmail.com

VOLUNTEER APPLICATION

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 at the address listed above or email to the email listed above.

PERSONAL INFORMATION

Name (Last, First, M.I.)		Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address			
City, State, Zip			
Home Phone	Cell Phone	Email	
Emergency Contact (Name)	Emergency Contact (Relationship)	Emergency Contact (Phone)	

AVAILABILITY: WHAT ARE THE MOST CONVENIENT TIMES THAT YOU CAN DEVOTE TO VOLUNTEERING AT CANCER SERVICES? PLEASE CHECK ALL THAT APPLY

	Monday	Tuesday	Wednesday	Thursday	Friday
Best times for you to volunteer between 8:00 AM – 3:30 PM					
Are you available for special weekend events?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

WHAT MOTIVATES YOU TO WANT TO VOLUNTEER AT 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 THE LEAST?

HAVE YOU OR DO YOU VOLUNTEER WITH OTHER ORGANIZATIONS? IF YES, PLEASE LIST THEM.

WHAT ARE YOUR INTEREST, SKILLS, AND HOBBIES?

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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.

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PLEASE CHECK THE FOLLOWING THAT INTEREST YOU:

<input type="checkbox"/> Front Desk: Help answer incoming phone calls, preparing supply orders for pick-up, help with administrative tasks, writing out acknowledgement cards and more.	<input type="checkbox"/> Talents/Hobbies: We are looking for Volunteers who would like to share their talent. Do you have a craft or a hobby or talent that you would like to share with our team?
<input type="checkbox"/> General Office: Assembling Welcome Bags, folding brochures, water plants, shredding, vacuum, maintaining a clean office environment and waiting room.	<input type="checkbox"/> Warehouse: Taking donations and returned medical equipment. Cleaning and sanitizing equipment. Organize and restock medical supplies.
<input type="checkbox"/> Groundskeeping/Building Maintenance: We need individuals to help maintain the building. Tasks range from landscaping, mowing, cleaning and light repair work. Volunteers are welcomed on a one-time basis or an hour or two on a recurring basis.	<input type="checkbox"/> Special Events: Attend community events and represent Cancer Support Community by engaging with attendees and passing out promotional materials. Making program reminder phone calls and more.
<input type="checkbox"/> Driver: Driver is needed for client appointments and/or delivery of supplies. Time arrangements will be made between Volunteer and Patient Services Coordinator. Prepared items will be gathered previous to pick up. Volunteers deliver and drop off at the client's front porch. Additional documents and background check will be needed with application.	<input type="checkbox"/> Boutique: Providing a special caring touch and experience to clients for wig fittings, prosthesis and accessories. Restocking as needed. Washing wigs and any returned/donated items for Boutique. Cleaning, sanitizing, and vacuuming as needed.

DRIVING INFORMATION: (If you are not driving as part of your volunteer task, DO NOT complete this section). If you are volunteering for a position that requires driving, Cancer Services requires a valid driver's license and proof of automobile insurance.

As a volunteer, I agree to provide a valid driver's license number and proof of automobile insurance that meets Ohio minimum requirements. I agree to provide copies of these documents to Cancer Services so that they can be filed with this application. I will immediately notify my volunteer supervisor if my driver's license is restricted, suspended, revoked, or expired, or if my vehicle insurance lapses.	
Insurance Carrier	Period of Insurance Coverage
Policy #	Driver's License #
State Issued:	Expiration Date:

Statement of Confidentiality

I agree to respect and maintain the confidentiality of any person including staff, other volunteers, visitors, and program participants I may encounter while on Cancer Services premises or at an off-site assignment.

Background Check

Some volunteer positions may require a criminal background check. If you select a position, where background checks are required for volunteering, no assignment will be assigned until receipt of the completed background check has been viewed as acceptable by Cancer Services. Volunteers will be responsible for the initial cost of the background check. After volunteering for 6 months, Cancer Services will reimburse the volunteer the full amount.

Conflict of Interest Disclosure

It is the policy of Cancer Services to require employees, volunteers, board members, and others having a relationship to the organization, to fully disclose any potential conflicts of interest. While a disclosed conflict of interest may not affect the ability to provide volunteer services, failure to disclose a conflict of interest will result in the termination of the volunteer agreement. Describing all the circumstances which may develop, or qualify as a conflict of interest is impossible, however, the following are set forth as examples of conflicts of interest:

- Volunteers are prohibited from engaging in outside activities that are or give the appearance of being motivated by a desire of private gain for themselves or others, while causing harm to or competing with the organization.
- If a volunteer or volunteer's immediate family is engaged in a business similar in nature to the organization, it must be fully disclosed.
- No volunteer may directly or indirectly borrow from, lend to, invest in, or engage in any financial transaction with a potential customer or participant.
- No outside work may be done using organization facilities, equipment, or supplies. Any outside work performed by a volunteer must not be represented as the work of the organization.
- Volunteers and their immediate families are prohibited from accepting gifts, money, and/or gratuities from any persons receiving benefits or services under any organizations programming.

Certification of Application:

- I understand what my volunteer duties are and who to ask if I have questions.
- I certify that all information submitted by me on this application is true and complete.
- I agree to follow and abide by all sections of this application.
- I understand that my volunteer status may be terminated if I do not abide by all sections of this application.

ALL APPLICANTS - PLEASE READ CAREFULLY AND SIGN

I understand and agree that submitting this application form does not automatically register me as a Cancer Services volunteer, and there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures before I may begin volunteering. By submitting this form, I attest that the information I have provided on the form is true and accurate and I agree to all the above terms and conditions. I understand and agree that falsification of this or any other information may be grounds for dismissal of my application.

Volunteer Applicant Signature

Date

CANCER SERVICES LIABILITY WAIVER

I am aware of the risks of participation. I understand that participation in this activity is strictly voluntary and I freely chose to participate. I understand that Cancer Services does not provide medical coverage for me. I verify that I will be responsible for any medical costs I incur should the need arise as a result of my participation. I understand that I am acting as a volunteer, and further, I understand that I am not entitled to workers compensation in the event of injury or death. I, and my heirs, in consideration of my participation in Cancer Services volunteer opportunities hereby release Cancer Services, its officers, employees and Agency, and any other people connected with the Agency and/or event, from any and all liability which might occur while participating in this Agency event. I agree to:

- Attend orientation and training sessions as needed;
- Maintain the confidentiality of any person encountered while volunteering including staff, other volunteers, visitors, and program participants;
- Work as a member of a team and always be considerate of staff, other volunteers and participants. Seek assistance and guidance from staff members and experienced volunteers when I have questions or concerns;
- Decline a work assignment that I am not trained for and/or comfortable doing;
- Fully disclose any potential conflict of interest to my supervisor or Executive Director;
- Maintain an open mind in regard to other's standards and values;
- Work with a culturally diverse population in a non-discriminatory, respectful manner;
- Accept the right of Cancer Services to dismiss a volunteer because of negative performance or violating any policies;
- Follow the guidelines and procedures specific to the project for which I have volunteered;
- Notify my supervisor as soon as possible if I am unable to work when scheduled;
- Not accept payment or gift in any form from a program participant. I will adhere to the Organization's Code of Conduct and Professional Ethics;
- Not bring another person with me to volunteer if they have not completed the application process;
- Keep track of and report my time volunteering in a timely manner as requested;

By signing below, the parties confirm that they have read, understand, and consent to the terms of this waiver agreement.

Volunteer Signature

Date