



## New Volunteer Application

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_\_

Driver's License State and Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you speak a second language?  Yes  No

If yes, which language(s)? \_\_\_\_\_

If employed, please list your employer: \_\_\_\_\_

If not employed, are you retired?  Yes  No

What is/was your occupation? \_\_\_\_\_

List your current involvement with the community:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past Volunteer Experience

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Special interests, skills or hobbies:

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Why do you want to volunteer with Children's Cancer Partners?

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Hours of availability: \_\_\_\_\_

Please check the areas in which you are interested in volunteering:

Special Events       Office help

**By signing this application, I accept that Children's Cancer Partners will perform a background check on my information and that my participation will be determined by its results.**

Signature: \_\_\_\_\_