



VOLUNTEER APPLICATION

Instructions: Volunteer service at Cancer Support Community – Massachusetts South Shore (CSC-MSS) is a commitment to our clients and staff. Please fully complete the application. The information you provide will help us determine your motivation to volunteer as well as your skill, abilities, interests and availability.

Personal Information

Date of Application: _____

Name _____
First MI Last

Address _____
Street City State Zip Code

E-mail Address _____

Phone: (H) _____ (C) _____ (W) _____

Are you 18 years or older? Yes No If no, how old are you? What grade are you in? _____

Have you worked or volunteered for Cancer Support Community, The Wellness Community, or Gilda’s Club? Yes No

When: _____ Where: _____
Name of Facility City State

In case of Emergency, please contact: _____ Relationship _____ Phone: _____

If you have had cancer, how long have you been out of treatment? _____

How did you learn about Cancer Support Community? _____

I am interested in volunteering: regularly as we need you How many hours per week or month? _____

If a regular volunteer, may we contact you to help with an event? Yes No

Availability: Please indicate your availability to volunteer.

	Mon	Tues	Wed	Thurs	Fri	Sat.	Sun
Daytime							
Evenings							

Professional Experience:

Current or most recent employer _____

Title _____ Professional Credentials _____

Volunteer Experience

Organization _____ How long? _____

Responsibilities _____

Volunteer Opportunities: What placement(s) are of interest to you?

- Administrative Volunteer: mailings, answering phones, photo copying, filing, material preparation
- Event Planning: be a part of a committee to prepare for a fundraising or client event
- Event Volunteer: volunteer at an event
- Outreach Volunteer: prepare materials and deliver to local hospitals and doctors office; speak with staff about CSC-MSS resources and services.
- Social Media: create and manage a Face Book page and a Twitter account.

TURN TO NEXT PAGE

