

Volunteer Application

FOR OFFICE USE ONLY

Date received: ___/___/___

Interview scheduled? Y N

When? _____

NAME:		DATE:	
STREET ADDRESS:		HOME PHONE	CELL PHONE:
CITY/STATE/ZIP:		SOCIAL SECURITY NUMBER:	
EMAIL ADDRESS:		DATE OF BIRTH:	

AVAILABILITY

- Long-term
 Short-term
 Special event

1. Check the box for the time period(s) in the day(s) you are available.
2. Indicate the number of hours per day you would like to volunteer.

	Monday		Tuesday		Wednesday		Thursday		Friday	
	√	# of hours	√	# of hours	√	# of hours	√	# of hours	√	# of hours
Morning										
Afternoon										

EDUCATION

- High School
 Business School
 College
 Post-graduate
 Student

EMPLOYMENT

Are you currently employed?		Yes		No	
If yes, <input type="checkbox"/> full-time or <input type="checkbox"/> part-time					
Where?					
Are you a former UAMS employee?		Yes		No	
If yes, what was your SAP number?					

EMERGENCY INFORMATION

In case of emergency, contact:

Name:	Relationship:
Work Phone:	Home Phone:

SKILLS

Previous volunteer experience:	What?
	Where?
Hobbies/skills:	

INTERESTS

	Yes	No
Direct Patient/Public Contact		
Able to Walk Distances		
Able to Push a Wheelchair		
Event Planning/Fund Raising		
Playing piano or other musical instrument		

HEALTH

Physical or Emotional Restrictions:

REFERENCES

Name:	Phone:
Name:	Phone:

The information given by me in this application is true in all respects. I understand that all of this information will be kept confidential. I also understand that all volunteers are required to furnish personal references before beginning volunteer work. I authorize all of these references to answer all questions asked by the Winthrop P. Rockefeller Cancer Institute concerning my ability, character and reputation. I release all such persons from any liability damages on account of having furnished such information. I further agree that if accepted, I will cover my volunteer assignment faithfully and diligently, acknowledging that I do so of my own free will and without coercion. It is my intent to donate my time without expectation or promise of remuneration or compensation.

I understand that a background check will be obtained regarding my personal information.

I understand that volunteer assignment at the Cancer Institute is based on mutual consent. Any action and/or conduct that may be contrary to the Cancer Institute Mission, Core Values or Goals may be grounds for termination of my volunteer service, or I may choose to terminate by giving proper notice to the Director of Volunteer Services.

Signature:	Date:
------------	-------