



VOLUNTEER APPLICATION

Name _____ Date of birth _____ Gender _____
First Middle Last

Present Address _____
Street City State Zip code

Present Phone Number (_____) _____ SSN _____

Employer _____ Occupation _____

May we contact your employer for reference information? YES NO

How did you hear about Cancer Family Network?

What programs / duties are you interested in volunteering for? (circle all that apply)

Office administration Poster hanging Event coordination Counseling Decorating
 Fall Festival Fundraising Volunteer coordination Kids activities Hospitality
 Summer Camp (1 day or full week) Activities (adult / kids) Professional seminar(s) Crafts
 Medical (nurse/SW/physician) Photography Other _____

Camp only: T-shirt size ____XS ____S ____M ____L ____XL

References: Please list two people who have known you for at least one year (non family members). Also included is a Personal Reference form, please have your references/employer fill out the Personal Reference Form and return it to CFN (mail or fax).

Reference Name	Address	Phone	Relationship to you	Length of time known

Past Employers	Address	Phone	Supervisor	Dates held job	Reasons for leaving

*Have you been involved in any other kind of volunteer work? Yes _____ No _____
 If yes, where and what did you do? _____

*Please list skills/interests you have that you feel you could share with CFN:

*Do you have any experience working with people who have been diagnosed with cancer?

Yes _____ No _____ if yes, please explain _____

*Why do you wish to work with families that are affected by cancer?

*List three adjectives someone would use to describe you:

*Have you ever been charged OR convicted of a felony or misdemeanor?

Yes _____ No _____ If yes, please explain _____

Health Information:

INSURANCE:

Name of Carrier _____ Insured's Name _____

Name of Insured's Company _____

Group Number _____ Member Number _____

* Please list any health concerns or special needs that may affect your ability to volunteer with FOA: _____



Personal Reference Form

Volunteer's Name _____

Your name has been given by the above volunteer as a personal reference. S/he is applying for a volunteer position for one of Cancer Family Network's family programs. This form is a critical to help CFN establish an outstanding volunteer staff and ensure a safe environment for families. We appreciate your time to thoughtfully complete this form to the best of your ability. Thank you!

Please check all that apply to the volunteer and feel free to make additional comments in the spaces provided.

1. Working with others

- Is a team player
- Is very cooperative with others
- Listens well to others
- Works better solo

Other comments: _____

2. Leadership

- Is a very positive leader
- Would rather follow than lead
- Shares accomplishments
- Prefers to run the show

Other comments: _____

3. Work ethic

- Committed to a project until the end
- Takes directions well
- Does more than is asked
- Recognizes and strives for quality

Other comments: _____

4. Maturity

- Responsible, reliable, completes tasks
- Positive role model for others
- Able to relate to others
- Needs reminders & follow-up

Other comments: _____

* What are this volunteers strengths? _____

* How would you describe their communication skills & ability? _____

* Are there any weaknesses that might affect this volunteer's ability to work with others in a physically and emotionally demanding hands-on setting?

* Would you be willing to have your child under this volunteers supervision? _____

* Do you know of any experience this volunteer has had with children and/or cancer survivors? If yes, please explain _____

* What three adjectives would you use to describe this volunteer: _____

Thank you very much for your time and your information.
Your input and help is greatly appreciated.

Please complete the following:

YOUR NAME _____

Address _____

Phone # _____ Best time to call _____

Relationship to volunteer _____

Length of time you have known volunteer _____

MAY WE CONTACT YOU if we have further questions? YES NO

Please return promptly (via mail or fax) to:

Cancer Family Network
P.O. Box 6446
Bozeman, MT 59771

ph: 406.587.8080 fx: 406.556.1050 www.CancerFamilyNetwork.org

CFN promotes the physical, emotional and spiritual well-being of Montana families affected by cancer through fun, friendship and hope.

~ Serving Montana families affected by cancer since 1990 ~