

Volunteer Application Form

(A) – CURRENT VOLUNTEER OPPORTUNITIES

- If you are interested in an area listed below and are available for required times, please complete the application and a member of the Canadian Cancer Society will contact you.
- If you do not meet the requirements and still wish to submit your application, it will be kept on file in the event that a suitable position becomes available.

Community Programs	Health Promotion	Fundraising	Daffodil Place	Office / Admin
<input type="checkbox"/> Volunteer driving program (Monday – Friday 9am-4pm) <input type="checkbox"/> Emotional Support programs; one to one and group support (Various days/ times) <input type="checkbox"/> Practical Support - fitting clients for wigs, turbans, etc.) (Monday – Friday 9am-4pm)	<input type="checkbox"/> Organize educational seminars and activities (Various days / times) <input type="checkbox"/> Presentations (Various days / times) <input type="checkbox"/> Information booths (Various days / times)	<input type="checkbox"/> Relay For Life (Evenings, Weekends) <input type="checkbox"/> Daffodil Days (Days, Evenings, Weekends) <input type="checkbox"/> Xmas / Special Events (Days, Evenings, Weekends)	<input type="checkbox"/> Recreation programs (Evenings) <input type="checkbox"/> Evening entertainer <input type="checkbox"/> Front desk (Monday – Friday 9am-4pm)	<input type="checkbox"/> Clerical (Monday – Friday 9am-4pm) <input type="checkbox"/> Data entry (Monday – Friday 9am-4pm) <input type="checkbox"/> Organize materials (Monday – Friday 9am-4pm)

(B) - CONTACT INFORMATION (Please Print)

Volunteer Name: _____	
(First)	(Last)
Address: _____	
City / Town: _____	Postal Code: _____
Phone #: (Home) _____	(Work) _____ (Cell) _____
Email: _____	
Emergency Contact: _____	
(First)	(Last)
Phone #: _____	
Email: _____	Relationship: _____

(C) – EDUCATION & VOLUNTEER EXPERIENCE

❖ To better understand your skills and interests, please provide the following information:

Languages spoken:	English <input type="checkbox"/>	French <input type="checkbox"/>	Other languages (specify below)
Are you presently employed?	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	No <input type="checkbox"/>
	Retired <input type="checkbox"/>	If YES, Employer Name & Current Position	

Are you a student?	Full Time Part Time No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If YES, School Name & Program
Previous volunteer experience:		

(D) – REFERENCES

❖ Please list 2 references (other than family members): Please PRINT.

Name:	Relation To:	Telephone #:	E-mail Address:
(1)			
(2)			

(E) - VOLUNTEER CONFIDENTIALITY AGREEMENT

At all times, the privacy and dignity of clients, donors, and volunteers will be respected, and the mission, vision and philosophy of the Society will be followed in accordance with the Society's policies, standards and guidelines. As a volunteer of the Canadian Cancer Society, you may have access to information and documents relating to clients, donors, volunteers and staff that are private and confidential in nature. All client records are the property of the Society and will be treated as confidential material; reasonable care and caution should be exercised to protect and maintain total confidentiality. No person shall read records or discuss such information unless there is a legitimate purpose. Client interactions shall not be discussed with people outside the Society, including immediate family members, throughout and beyond tenure with the Society. Volunteers will not give medical advice (including comments and suggestions that personalize medical information and influence treatment decisions), but may give information about cancer (consisting of facts available to anyone seeking general knowledge about the disease and its treatment).

By signing below, you acknowledge that the information provided is true and accurate, and that you have read, understand, and will abide by the Volunteer Agreement above.

And, by signing below, you grant the Canadian Cancer Society permission to contact the references listed.

Signature: _____ Date: _____

Signature of
Parent / Guardian
(if under 18): _____

- **Thank you for completing this form; mail or fax to your local office listed below.**
- **Suitable applicants will be contacted to discuss current opportunities.**

Eastern	Central	Western
Canadian Cancer Society PO Box 8921 70 Ropewalk Lane Daffodil Place St. John's, NL A1B 3R9 Toll Free Phone: 1-888-753-6520 Fax: 709-753-9314 E-mail: ccs@nl.cancer.ca	Canadian Cancer Society 10 Pinsent Drive Grand Falls-Windsor, NL A2A 2R6 Toll Free Phone: 1-866-545-9534 Fax: 709-489-2795 E-mail: centralregion@nl.cancer.ca	Canadian Cancer Society Suite 304, CIBC Building 9 Main Street Corner Brook, NL A2H 1C2 Toll Free Phone: 1-866-545-9533 Fax: 709-634-6030 E-mail: westernregion@nl.cancer.ca