



Volunteer Application

Office use only Date Received: _____

VOLUNTEER INFORMATION (please print)

Name: _____

Address: _____ City _____ State _____

Home Phone: _____ Cell/Alternate Phone: _____

Date of Birth: _____ Gender: Male / Female

E-mail: _____

Are you retired? Yes / No If no, Employer/Occupation: _____

Emergency Contact: _____

Do you have any physical limitations or illnesses that we should know about? _____

PLEASE CIRCLE WHICH VOLUNTEER ACTIVITIES YOU ARE INTERESTED IN:

- Acts of Kindness (AOK) Program (year-round)
- Making Hats or Blankets for Patients
- VOA Waiting Room Coordination
- Other: _____
- Just Walk for Liz (annually in June)
- Holiday Bake Sale (early Dec.)
- Fundraiser/Special Event Host

PLEASE CIRCLE HOW YOU LEARNED ABOUT CANCER CARE FOUNDATION OF TIDEWATER:

- Friend/Patient
- CCFOT Brochure
- Church or Another Organization
- Website or Facebook
- Newsletter or Mailing
- TV/Radio/Newspaper
- Medical Professional
- Another volunteer
- Other: _____

I AM INTERESTED IN HELPING CANCER PATIENTS BECAUSE (please circle):

- I am a cancer patient
- I am a caregiver to a cancer patient
- I am cancer survivor
- I have a relative or friend with cancer

If you are a cancer survivor, what type of cancer: _____ How many years? _____

May we list this on your name tag? Yes / No



Please complete only if you are interested in our ACTS OF KINDNESS VOLUNTEER program

Are you available for and interested in long-term volunteering (3+ months)? Yes / No

Availability: Weekly / Bi-Weekly Do you have summer availability? Yes / No

Available Days: Monday Tuesday Wednesday Thursday Friday
(Acts of Kindness Volunteers generally serve lunches from 11:00AM – 1:00PM)

Do you have the flexibility to substitute if needed? Yes / No

Please return application Attn: Anne Brockenbrough, Volunteer Coordinator at address below. Thank you.