



Volunteer Application Form

Application Date: _____

Volunteer Position Sought: _____

Name: _____

Home Address: _____

Work Phone: _____ Home Phone: _____

Education

Highest Level of Education: _____

Employment

Current Employer, if applicable

Position/Title: _____

How many years have you worked: _____

Company/Employer: _____

Address: _____

Special training, skills, hobbies:

Groups, clubs, organizational memberships:

Please describe your prior volunteer experience: (include organization names and dates of service)

What volunteer experiences have you had that will prepare you an SCSC volunteer? [Cancer support groups, women/men's health, nutrition, health & wellness, exercises for cancer survivors, grant writing, and fundraising etc]

Why do you want to volunteer or what do you want to experience?

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

Do you have?

- | | | |
|--|----|-----|
| • A driver's license? | No | Yes |
| • Car insurance? | No | Yes |
| • Car available for transporting others? | No | Yes |

References:

Please list three people who know you well and can attest to your character, skills and dependability. (not family members) Include your current or last employer:

Name/Organization	Relationship to You	Phone	Length of relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with [SISTAs CanSurvive Coalition, Inc.] that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by [SISTAs CanSurvive Coalition, Inc]. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with [SISTAs CanSurvive Coalition, Inc] or my termination as a volunteer.

Signature _____

Date _____