



550 Lobdell Avenue ó Baton Rouge, LA 70806

Phone: (225)927-2273 Fax: (225)928-8448

Volunteer Opportunities email ctramonte@cancerservices.org

www.cancerservices.org

Volunteer Application

Application Date _____

Name _____ Birthday _____

Address _____ (city, state, zip) _____

Work Phone _____ Home Phone _____

Cell Phone _____ Email Address _____

Highest Level of Education _____

Current Employer's Name and Address (if applicable) _____

Would you like us to keep your employer abreast of your volunteer service and achievement?

Yes

No

Volunteer Position Sought (please circle):

*Clerical/Administrative

*Distribution of Supplies

*Resource Center

* Outreach Center at Mary Bird Perkins

*Health Fairs

Time Availability

I am flexible

Prefer weekends

Prefer weekdays

What days and times are you available?

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Special training, skills, hobbies _____

Groups, clubs, organizational memberships _____

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

Have you ever been ***arrested*** of a crime? (If yes, please explain the nature of the arrest and the date of the arrest and disposition.) This is not an automatic disqualification for volunteer work.

REFERENCES: Please list three people who know you well but are not relatives and can attest to your character, skills and dependability. Include your current or last employer.

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

2. _____

3. _____

Please use this space to provide any other information or to express your interests. If needed, you may continue on the back of the sheet.

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 **Cancer Services of Greater Baton Rouge** 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 **Cancer Services of Greater Baton Rouge** will verify information contained on my application. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with **Cancer Services of Greater Baton Rouge** or my termination as a volunteer.

Signature

Date