



1. How did you find out about our volunteer program?

Newspaper
   
  Fox Chase Cancer Center Web site  
 Church/Synagogue
   
  Fox Chase Cancer Center Visitor  
 Other (please name source) \_\_\_\_\_

2. Why would you like to volunteer at Fox Chase Cancer Center?

3. What other volunteer work have you done? When? What organizations?

Organization \_\_\_\_\_ Date \_\_\_\_\_

Organization \_\_\_\_\_ Date \_\_\_\_\_

4. Do you have any special training, talents or skills that might be valuable at Fox Chase Cancer Center?

5. Are you involved in extracurricular activities? If so, what are they?

6. The FCCC Board of Associates raises a substantial amount of money for patient care and research through special events such as the FCCC Day at the Phillies, Plain & Fancy, Golf Tournaments, and the Friends Auction. Are you interested in helping with special events?

7. Are you fluent in a language other than English? If so, what language(s)?

8. What type of assignment(s) interest(s) you:

Patient Services
   
  Clerical/Administrative  
 Research
   
  Technical/Business  
 Other \_\_\_\_\_

9. Do you see your commitment in terms of:     Weeks                       Months                       Years

## Availability

Please check the time(s) you are usually available for a volunteer assignment.

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings
<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons
<input type="checkbox"/> Evenings*	<input type="checkbox"/> Evenings*	<input type="checkbox"/> Evenings*	<input type="checkbox"/> Evenings*	<input type="checkbox"/> Evenings*

***\*Evenings limited placements***

# References

Please list two people other than relatives who would be willing to serve as personal references.

1

Last Name	First Name	Relationship
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> _____		Phone Number:
Street Address		Apartment Number
City	State	Zip Code

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Last Name	First Name	Relationship
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> _____		Phone Number:
Street Address		Apartment Number
City	State	Zip Code

Have you ever been convicted of, or plead guilty to, a felony or misdemeanor other than a traffic violation?  
 Yes (If yes, please describe)                       No

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Are you physically able to perform the essential requirements of a volunteer?    Yes    No

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I understand that I will not be paid for my services as a volunteer. I certify that the statements made in the Volunteer Application Form are true and correct, and have been given voluntarily. I understand that falsification of any information is grounds for dismissal. I voluntarily give FCCC the right to make an inquiry of my past experience and I agree to cooperate in such inquiries and release from all liability or responsibility all persons, companies, and corporations supplying such information.

In addition, I agree that I will keep confidential all materials that I may read or learn about during my volunteer experience. I will only discuss this information with other staff and never off FCCC grounds. If I ever use any part of my experience in writing, I agree that a member of the staff will review it in order to protect the confidentiality and legal rights of the patient.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

*\*Fox Chase Cancer Center is a smoke-free campus.*

## For Office Use Only

### Interview Comments

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Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

### Requirements

Reference Letters

Volunteer Orientation Date

Health Assessment Approval

HIPPA Compliance Training

Assignment	Supervisor Name/Extension	Task Description