



Connor Moran

Children's Cancer Foundation

Restoring childhood. Strengthening families.

Volunteer Application

Date: _____

Name: _____
(First) (Middle) (Last)

Home Address: _____

City: _____ Zip: _____

Contact Phone: _____ Email: _____

Employer: _____

Your Position: _____ How Long: _____

Volunteer Opportunities: (Please check areas of interest)

Fundraising/Community Events _____
Assist with the planning, organization, promotion,
of events designed to raise awareness and revenue.

Study Buddy _____
Academic tutoring of a child/teen in our office.
List subject/grade preference _____

Community Service Hours _____
Assist with whatever opportunities are available.

Administrative Office Help _____
Assist with general office duties/mailings/phone/
errands. Also web site design/update.

Is this for community service hours? ___Y___N. If YES, please indicate how many hours are needed and when they must be completed by.

Hours Needed _____ **Completed By** _____ **Court Ordered?** ___Y___N

Please list what days, hours you are available, and any travel restrictions you may have.

Please list any previous experience you have volunteering:

Confidentiality Information:

Please read before signing:

We appreciate your interest in becoming a volunteer with us. By signing below, you attest to the truthfulness of all information submitted on this application. You further agree to hold client names, situations, and information in total confidence.

I have read, understand, and agree to the above statement of confidentiality.

Signature of applicant

Date

Parent or guardian signature if applicant is a minor