

Revised 7/27/11

Date Received (*Office use only*)

VOLUNTEER APPLICATION FORM

Please **PRINT legibly** in ink. Please answer all questions/sections completely.

PERSONAL INFORMATION

Name: _____
Last First M.I.

Home Address: _____

City _____ State _____ Zip Code _____-

Contact Phone () _____ (home mobile) Email _____

Business Address: _____

City _____ State _____ Zip Code _____-

Phone () _____ Email _____

Birthdate: Month, Day, (*Year optional*) / /

In case of emergency notify:

Name _____ Relationship _____ Phone () _____

EDUCATION

Circle highest level completed:

High School	9	10	11	12	Diploma	_____	G.E.D.	_____
College	1	2	3	4	Degree	_____	Major	_____
Other, please explain _____								

Are you volunteering to fulfill academic degree requirements? ___ No ___ Yes

REFERRAL SOURCE

Please circle how you learned about volunteer opportunities with the Barbara Ann Karmanos Cancer Institute.

Radio/T.V.	Employer	Newspaper	Self Inquiry	Physician/Nurse
Church/Temple	Poster/Flyer	Civic/Service Group	School	Friend/Family

Other(s), please explain: _____

PLEASE MAIL COMPLETED APPLICATION TO:
 Barbara Ann Karmanos Cancer Institute
 Volunteer Administration
 4100 John R, Mail Code (HP00VS)
 Detroit, MI 48201
OR
 scan & email application to volunteer@karmanos.org
QUESTIONS? Call (313) 576-9289

EXPERIENCE AND INTEREST

Volunteer Experience:

Organization(s):

Position(s):

Date/length of service:

Professional Experience:

Current employer:

Position:

Dates of employment:

Previous employer:

Position:

Dates of employment:

Civic/Professional Memberships:

Organization(s):

Position(s):

Dates of membership(s):

Volunteer Interests:

Please check any/all that may be of interest.

Please read these listings of volunteer opportunities on website.

Outpatient - Navigator

Karmanos Ambassadors/Community Speakers

Inpatient

Special Projects

Hospitality/Friendly Visitor

Special Skills: Please check all that apply

___ Computer Experience in (circle any/all) data entry word processing programming spread sheets database

___ Clerical (i.e. typing, filing) ___ Language ___ Public Speaking ___ Training Other _____

TIME AND LOCATION PREFERENCE

Availability: Please indicate the day(s) and times you are able to volunteer:

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Time: _____ Weekly Monthly Occasionally

BACKGROUND INFORMATION

Have you ever been convicted of a crime or violation? ___ No ___ Yes

If yes, please give date, charge, and current status _____

Do you have any felony charges outstanding? ___ No ___ Yes

If yes, please give date, charge, and current status _____

Are you volunteering to satisfy a court requirement? ___ No ___ Yes

If yes, please list your probation officer's name, phone #, and District Court _____

I certify that all responses on this document are true to the best of my knowledge. I understand that any misrepresentation of information constitutes cause for separation or termination from volunteer service.

Signature

Date