



UNITED CANCER SUPPORT FOUNDATION

6700 Baum Drive Suite 8, Knoxville TN 37919 • (865) 474-1551 • info@Unitedcsf.org

Volunteer Application

Name: _____ DOB: _____ Gender: _____

Address: _____

Mobile Phone: _____ Email: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Availability (Check all that apply.)

Day(s) you can serve: Sun Mon Tues Wed Thurs Fri Sat

Time(s) you can serve: Mornings Afternoons Evenings Other/Specific: _____

Interest (Check all areas in which you are best suited to serve.)

- Assist in office administrative work
- Research and create educational materials
- Participate in community events to educate and raise awareness
- Assist with special projects (gala, fundraiser, walk/run, etc.)

Education

Highest Level of Education _____

Employment (Current Employer, if applicable)

Employer's Name _____

Address _____

Position/Title _____

Skills & Experience

List hobbies, skills and special trainings _____



List memberships in clubs and organizations _____

Language(s) Spoken _____

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

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.

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Volunteer's Printed Name

Volunteer's Signature

Date