

...because kids can't fight cancer alone!



Candlelighters[™]

For Children With Cancer
Helping Families in
Oregon and SW Washington

www.4kidswithcancer.org

Volunteer Service Application

Instructions: Please print or type

1. Fill out the application **completely**
2. Sign & date last page
3. Mail, fax, or email to Candlelighters

Candlelighters For Children With Cancer
Attn: Denise Hartung, Volunteer Coordinator
PO Box 2277
Portland OR 97208
CandlelightersVolunteers@gmail.com

Candlelighters is an Equal Opportunity Organization. We select volunteers without regard to ethnicity, national origin, religion, age, education, sexual orientation, mental or physical disability unrelated to job performance.

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Day phone (from 8 a.m.–5 p.m.): _____

Evening phone: _____

Addresses for the past 10 years: _____

Occupation: _____ May we contact you at work? Yes No

Employer: _____ Social Security #: _____

Does your employer have a volunteer matching program? Yes No

Emergency Contact: _____

Phone # _____ Relationship: _____

Are you bilingual? Yes No If yes, what language besides English do you speak? _____

Have you ever been convicted of a crime and/or felony, including a DUI? Yes No

If yes, please explain:

Are you on public record as a sex offender or physical abuser? Yes No

Are you currently attending school? Yes No

Where? _____

Area of study: _____

Previous volunteer experience and dates of service:

Please mark any interests, skills or training you are willing to share:

- | | |
|--|---|
| <input type="checkbox"/> Arts, crafts, music, sewing, or photography | <input type="checkbox"/> Fundraising & Auction Support |
| <input type="checkbox"/> Internet or web site technical skills | <input type="checkbox"/> Research or grant writing |
| <input type="checkbox"/> Marketing or public relations | <input type="checkbox"/> Driving (deliveries or pick ups) |
| <input type="checkbox"/> Writing or editing | <input type="checkbox"/> Organizational talent |

Other interests, skills or training:

Is there anything else you would like Candlelighters For Children With Cancer to know about you?

Our volunteer services involve a variety of duties & needs. Please list any conditions (medical, physical or emotional) that you feel are important for us to know about you:

Please check any of the following that you would be available for volunteering:

- Mon Tues Wed Thurs Fri Sat Sun

Hours: _____

Please check your volunteer preferences:

Volunteering with a group/team Behind the scenes Special Events Independently, or from home

Other _____

Reference requests will vary depending upon the type of volunteer opportunity.

Thank you for your interest in serving as a volunteer for Candlelighters For Children With Cancer! It is because of the talents, time & commitment of volunteers that Candlelighters is able to fulfill our mission in serving families impacted by childhood cancer. *"It is better to light one candle than to curse the darkness."*

Please contact Denise Hartung, Volunteer Coordinator, if you have any questions:
CandlelightersVolunteers@gmail.com or (503) 348-3005



PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I, _____ (please print name), authorize full and complete investigation of my application. This process may include interviewing professional and personal references, criminal history verification, and other relevant processes. I understand that any misrepresentation or falsification of this application shall constitute cause for rejection or dismissal.

I also hereby agree to regard all information received in the performance of my volunteer work with this organization and/or in the clinic or hospital programs served by Candlelighters For Children With Cancer, both verbal and written as confidential. I understand that this organization and/or hospital respect patient's rights with regard to privacy of information and I agree to respect these rights in the performance of my volunteer duties and adhere to patient/family confidentiality in all my statements outside the organization and hospital.

In addition I, _____ (please print name), do hereby agree to indemnify and hold harmless Candlelighters For Children With Cancer, its employees, volunteers, members, or agents from any and all claims or causes of action that may arise out of performance of my assigned duties as a volunteer. I waive any right I have against Candlelighters For Children With Cancer in consideration of my participation as a volunteer for the programs and offices of Candlelighters For Children With Cancer. In closing, I agree that my volunteer services are donated to Candlelighters For Children With Cancer without contemplation of compensation or promise of future employment.

Signature

Date