



Volunteer Application

Date of Application: _____

Name (Last, First, Middle Initial): _____ M ____ F ____

Mailing Address (Street, City, State, Zip Code): _____

E-mail: _____ Phone: (Home) _____ (Cell) _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Birthdate ____ / ____ / ____

Have you ever been convicted of a crime?: Yes No

If yes, please explain: _____

Are you a cancer survivor or caregiver?: Yes No

If so, date of cancer survivors initial diagnosis: Month ____ Year ____

Or other touched by cancer (e.g. family, friend, worked in the field)?: Yes No

If a survivor or caregiver, how long has it been since completion of the survivor's treatment for an initial cancer diagnosis? Years: ____ Months: ____

or is the survivor still in treatment for initial diagnosis?: Yes No

Previous job skills or volunteer experience: (advocacy, training, other cancer organizations/memberships):

Areas of interest as a Volunteer:

- Administrative Community Outreach Events Fundraising
 Peer Support Special Projects Other

(Additional orientation required)

Areas Valley Willing to Volunteer:

- Central Phoenix North Phoenix Tempe/West Mesa Chandler/Ahwatukee
 Glendale/Peoria East Valley/Gilbert Scottsdale

I agree to volunteer at least 12 hours per year: Yes No

I, the undersigned, hereby grant CSCS of AZ the right, license and privilege to use my name, likeness, photograph and voice in such a manner as CSCS of AZ deems appropriate in order to promote, advertize and publicize CSCS of AZ and its charitable activities. I hereby certify that all answers to the questions on this application are true, I understand and agree that any misstatement or omission of material facts contained in this application may disqualify me for a volunteer opportunity. I hereby authorize CSCS of AZ to verify the accuracy of the statements on this application.

Printed Name: _____

Signature: _____ Date: _____

Mail to: CSCS of AZ, P.O. Box 33102, Phoenix, AZ 85067

Cancer Survivors Circle of Strength is an Arizona Corporation and a sponsored project of the Technical Assistance Partnership of Arizona (TAPAZ).

Donations are tax deductible.
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