



CANCER RESOURCE CENTER OF THE FINGER LAKES

Contact

612 W State St., Ithaca, NY 14850
Open: 10am to 4pm, Mon – Thur.
Phone: (607) 277-0960
Fax: (607) 275-0632
Email: info@crcfl.net

Volunteer Application

Contact Information

First and Last Name	
Street Address	
City, State, Zip Code	
Cell Phone	
Student <input type="checkbox"/> YES <input type="checkbox"/> NO	Student Availability (Semester) <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER
College or University	
E-Mail Address	
Preferred Contact Method	<input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings
 Weekday afternoons

Volunteer Interests (Check all that apply)

- Cancer Resource Center Office** - Volunteers staff our reception area during regular business hours. They answer phones, greet visitors, meet with clients, and do projects as needed.
- Cancer Support at CMC** - Volunteers are a regular presence in the chemotherapy suite as well as the waiting room of Radiation Medicine. They greet patients as they arrive for appointments, talk with family members, serve coffee and snacks, and offer general support.
- Financial Advocate** - Volunteers assist individuals and their family members with financial issues related to their cancer diagnosis. They may help with any of the following: organizing bills, identifying resources to help pay for medical bills and expenses, filling out forms, appealing insurance company denials, etc.
- Friendly Correspondent** - For People who are looking to volunteer in a meaningful way, but are very limited with their time, an option is to maintain regular correspondence with clients via letters/cards, phone calls, or emails.
- Walkathon** - Our Biggest fundraiser of the year requires hundreds of volunteers and months of planning. Take part in the action by helping with flyer distributions, contacting local businesses, identifying team leaders to raise money, and much more.
- Building Maintenance** - Be part of the group of volunteers who help us with light maintenance and small repair issues for our office building.

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports:

Previous Volunteer Experience

Summarize your previous volunteer experience:

Why The Cancer Resource Center?

Summarize what interests you about volunteering for The Cancer Resource Center:

Special Interests:

Summarize what areas you would like to be a part of during your volunteer experience:

Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Work or Cell Phone	
E-Mail Address	
Preferred Contact Method	<input type="checkbox"/> Cell Phone <input type="checkbox"/> Email

References

Full Name	
Relationship	
Phone	
Email	

Full Name	
Relationship	
Phone	
Email	

Full Name	
Relationship	
Phone	
Email	

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.

Name (printed)	
Signature	
Date	

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 at The Cancer Resource Center the Finger Lakes.