



Volunteer Information Form

A - CONTACT INFORMATION

Date: _____
(mm / dd / yyyy)

Mr./Mrs./Ms/Miss/Dr. _____ Name: _____
(optional) (first) (middle initial) (last)

Address: _____ Apt. _____

(city) (province) (postal code)

Phone (home): (____) _____ Fax: (____) _____

Phone (bus.): (____) _____ E-mail (home): _____

Phone (cell): (____) _____ E-mail (bus.): _____

Emergency contact name: _____ Phone: (____) _____

How did you learn about volunteering with the Canadian Cancer Society?

- | | |
|---|--|
| <input type="radio"/> from the canvasser who knocked on my door in April | <input type="radio"/> a friend/acquaintance approached me |
| <input type="radio"/> media (including messages on TV, radio and newspaper) | <input type="radio"/> at a special event |
| <input type="radio"/> from materials displayed in my community | <input type="radio"/> direct mail |
| <input type="radio"/> Volunteer Centre/Employment Centre | <input type="radio"/> family/friends used services in the past |
| <input type="radio"/> website (site name: _____) | <input type="radio"/> other: _____ |

Languages spoken: English French Other: _____

Languages written: English French Other: _____

B - SKILLS PROFILE

Occupation: _____ Employer (optional): _____

Previous/present volunteer or work experience: _____

Affiliations (optional) e.g. professional associations, social & service clubs, fraternities, etc.: _____

What skills would you like to use in a volunteer role with us?

- | | | | |
|---|-----------------------|------------------------------------|-----------------------|
| accounting/bookkeeping | <input type="radio"/> | event planning/committee work | <input type="radio"/> |
| adult education/training | <input type="radio"/> | fundraising | <input type="radio"/> |
| basic knowledge of cancer or related issues | <input type="radio"/> | general office telephone/reception | <input type="radio"/> |
| business/administration | <input type="radio"/> | leadership skills | <input type="radio"/> |
| communications/media relations | <input type="radio"/> | marketing/public relations | <input type="radio"/> |
| community outreach | <input type="radio"/> | one-to-one/group support | <input type="radio"/> |
| computer: internet/website | <input type="radio"/> | presentation skills | <input type="radio"/> |
| computer: keyboarding/data entry | <input type="radio"/> | volunteer development/coordination | <input type="radio"/> |
| computer: word processing | <input type="radio"/> | writing/editing | <input type="radio"/> |
| driving | <input type="radio"/> | other: _____ | |

OVER →

C - VOLUNTEER OPPORTUNITIES

Please check your area(s) of interest. Indicate your preference by ordering them #1, 2, 3, etc.

Community Programs

- Leadership/committee work
- Volunteer driver
- Peer support
- Cancer centre/lodge
- Information/referral to local services

Community Fundraising

- Leadership/committee work
- Special events
- Daffodil sales
- Residential canvass
- Other: _____

Community Outreach

- Leadership/committee work
- Presentations/displays
- Media relations
- Advocacy support

Office Help

- Reception
- Data entry
- Clerical
- Telerecruiting

D - AVAILABILITY

Please mark with a (✓) the days/time you are available to volunteer:

	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
Morning							
Afternoon							
Evening							

Indicate any extended periods during the year when you are unavailable to volunteer: _____

Please list any tasks or situations you may not wish to participate in while volunteering with the Society: _____

E - REFERENCES

Please list three references (other than family members):

Please PRINT

	NAME	TELEPHONE #	E-MAIL ADDRESS
#1		()	
#2		()	
#3		()	

F - VOLUNTEER CONFIDENTIALITY AGREEMENT

At all times, the privacy and dignity of clients, donors, volunteers and staff will be respected, and the mission, vision and philosophy of the Society will be followed in accordance with the Society's policies, standards and guidelines. As a volunteer of the Canadian Cancer Society, you may have access to information and documents relating to clients, donors, volunteers and staff that are private and confidential in nature. All client records are the property of the Society and will be treated as confidential material; reasonable care and caution should be exercised to protect and maintain total confidentiality. No person shall read records or discuss such information unless there is a legitimate purpose. Client interactions shall not be discussed with people outside the Society, including immediate family members, throughout and beyond tenure with the Society. Neither volunteers nor staff will give medical advice (including comments and suggestions that personalize medical information and influence treatment decisions), but may give information about cancer (consisting of facts available to anyone seeking general knowledge about the disease and its treatment).

By signing below, you acknowledge that the information provided is true and accurate, and that you have read, understand, and will abide by the agreement above. And, by signing below, you grant the Canadian Cancer Society permission to contact the references listed.

Signature: _____

Date: _____

Signature of parent/
guardian (if under 18): _____

RETURN TO:

**Thank you for completing this form.
Suitable applicants will be contacted to discuss current opportunities.**

The Society collects your personal information in order to help identify suitable volunteer opportunities for you. Only authorized Society staff and/or volunteers access this information.

We may also contact you from time to time to ask for your help by providing financial support in our fight against cancer. If you prefer not to receive this kind of communication from us or for more information about our privacy policy: www.cancer.ca * 1 800 268-8874 x2257 * e-mail: privacy@ontario.cancer.ca