

FOR OFFICE USE	
HIPAA FORM	REC'D _____
PARKING PERMIT	REC'D _____
NAME BADGE	ORDERED _____

PLEASE COMPLETE THE FOLLOWING APPLICATION COMPLETELY

\_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Phone Number Email address Birth Date Social Security #

Spouse's Name \_\_\_\_\_

Are you currently employed?  Yes  No

If yes, \_\_\_\_\_  
Employer Name Phone Number

Do you have a college degree?  Yes  No

Degree: \_\_\_\_\_ Field of Study: \_\_\_\_\_

What, if any, foreign languages do you speak: \_\_\_\_\_

Special interests & hobbies: \_\_\_\_\_

Special skills (i.e., computer, office, etc.): \_\_\_\_\_

Previous employment that may relate to your volunteer work at the Cancer Center: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

What type of volunteer work are you interested in?  Coffee Host/Hostess  Patient Assistance

Clerical Support Staff  Special Events (i.e., Viva La Vida, Cancer Center Walk/Run)

What days are you available?  Monday  Tuesday  Wednesday  Thursday  Friday

What hours are you available? M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_

In case of an emergency, who can we contact? \_\_\_\_\_

\_\_\_\_\_  
Name Phone number Relationship

How do you know about the Cancer Center? \_\_\_\_\_

Do you have any limitations that might prevent you from doing certain types of work? \_\_\_\_\_

Do you have any health problems we should know about? \_\_\_\_\_

\_\_\_\_\_  
Type of automobile Year Color License Plate