

COMMUNITY CANCER CENTER
VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ (____) _____
Home Work

Birthdate: _____ E-MAIL: _____
Month/Date

Education Background: ___ High School ___ Trade School ___ College ___ Post College

Are you currently employed? ___ Yes ___ No

If so, where? _____

Best Time to Reach You _____ a.m. _____ p.m.

How did you learn about the Community Cancer Center? _____

What area(s) are you interested in volunteering? _____

At what times are you interested in volunteering? _____

Describe any experiences, skills, or talents you have that would be useful in your
volunteer work. Include former volunteer and paid work.

List your interest and hobbies. _____

(Continued)

List three (3) references that have known you for at least five (5) years, but are not related to you.

NAME	ADDRESS	TITLE	PHONE	YEARS KNOWN
1.				
2.				
3.				

I understand that any false or misleading information furnished by me in this application form, or in connection with my application, may result in rejection of the application.

Signature

Date

Return Application to: Janet MacKenzie
Community Cancer Center
407 East Vernon Avenue
Normal, IL 61761
(309) 451-2209