

**Mary Bird Perkins Cancer Center  
Volunteer Application**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Approximate Age: 18–30 [ ] 30–40 [ ] 40–50 [ ] 50 or over [ ]

Birth [month/day]: \_\_\_\_\_ Jacket size: Ladies S M L XL Other \_\_\_\_ Men \_\_\_\_

Spouse Name, if married: \_\_\_\_\_

Present Employment: \_\_\_\_\_

Previous volunteer experience/training: \_\_\_\_\_

Have you had experience working with cancer patients? yes [ ] no [ ]

Have you or anyone that you are close to had cancer? yes [ ] no [ ]

Hobbies, skills, special interests: \_\_\_\_\_

Community affiliations (clubs, church, etc.): \_\_\_\_\_

Indicate type of service you prefer: patient contact [ ] or clerical [ ]

(Clerical: e.g. Foundation Office, Medical Records Department, etc.)

Name and phone number of person to call in case of illness while on duty: \_\_\_\_\_

Days preferred: [ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday

Hours preferred: 8:00 a.m.–12:00 noon [ ] 12:30–4:30 p.m. [ ] Other: \_\_\_\_\_

Date available to begin: \_\_\_\_\_

Referred to the Center by: \_\_\_\_\_ Phone \_\_\_\_\_

Please state briefly why you wish to serve as a volunteer at the Center: \_\_\_\_\_

Orientation: \_\_\_\_\_ Assignment: \_\_\_\_\_