

Interviewed by: \_\_\_\_\_  
Date: \_\_\_\_\_

## Volunteer Application

### Contact Information

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

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

City, State, Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternative Number: \_\_\_\_\_

Emergency contact & phone number: \_\_\_\_\_

### Availability/Hours

**1. How many hours per week are you interested in volunteering?**

- 3-5 hours    5-10 hours    10-15 hours    15+ hours

**2. Please select the approximate day and times you are available:**

*Days Available*

- Monday    Tuesday    Wednesday    Thursday    Friday

*Times Available*

- 9 am – 12 noon    1 pm – 3 pm    3 pm – 5 pm    Other \_\_\_\_\_

### Areas of Interest

**1. Please select the volunteer activities in which you are interested.**

- Administrative/clerical support  
 Data entry/computer work  
 Community Outreach programs (such as Health Fairs)  
 Front Desk Reception (includes answering phones, light office work)  
 Fundraising (includes working on annual "Flight of Hope" event)



southwest florida  
cancer support, education and hope

**Are you a cancer survivor?**

- Yes       No

**Are you a family or close friend of a cancer patient/survivor?**

- Yes       No

**How did you hear about, and/or become interested in The Wellness Community?**

*(Please indicate any prior participation or involvement.)*

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**Is there anything about you that would be valuable for us to know?**

*(Please indicate any prior special skills or interests.)*

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**Please check boxes to indicate skills or experience in the following areas:**

- Microsoft Word     Microsoft Excel     Microsoft Access     PowerPoint
- Publisher     Other software \_\_\_\_\_
- Accounting/Bookkeeping
- Front Desk Reception/answering phones
- Event Planning/Coordination
- Fundraising
- Other \_\_\_\_\_