



Roswell Park Comprehensive Cancer Center Volunteer Application Form

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Date of Application: _____
 Date & Time of Interview: _____ - _____
 Date of Orientation: _____
 Medically Cleared to Start: _____

Today's Date ____ / ____ / ____

Personal Information

Last Name	First Name	Middle Name
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> _____ Preferred nickname:		
Street Address		Apartment Number
City	State	Zip Code
Home Phone Number () ()	Business Phone Number () ()	Other Phone Number () ()
E-mail address:		
Social Security Number _____ - _____ - _____		Date of Birth ____ / ____ / ____
Spouse's Name (if married)		Education <i>(Please check highest education)</i>
Optional Questions <i>(For Statistical Purposes Only)</i> <i>In an effort to celebrate the diversity of Roswell Park volunteers we invite you to share the following information that applies to you:</i>		<input type="checkbox"/> High School <input type="checkbox"/> Graduate degree <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Doctorate <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Other _____
		Type of Degree _____
Gender: <input type="checkbox"/> M <input type="checkbox"/> F Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		In An Emergency
Cultural Information: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Spanish/Hispanic/Latino <input type="checkbox"/> Black/African-American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Islander <input type="checkbox"/> Other Race(s) <i>please print race</i> _____ _____		Name of Person to be Notified
		Relationship
		Phone Number: <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell

Employment Information

I am: <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other _____		
Employer or School Name		
Occupation or Major		
Street Address		Department or Suite Number
City	State	Zip Code

1. How did you find out about our volunteer program?
2. Why would you like to volunteer at Roswell Park Comprehensive Cancer Center?
3. What other volunteer work have you done? When? What agency?
4. Do you have any licenses, certificates, skills or special training (CPR) that might be valuable to Roswell Park in an emergency?
5. Are you involved in extracurricular activities? If so, what are they?
6. Roswell Park raises a substantial amount of money for patient care and research through special events such as All Star Night, the Ride for Roswell and the Paint Box Project. Are you interested in helping with special events?
7. Our patients enjoy music, humor, magic, balloon animals, etc. Do you have any entertainment talents you would like to share?
8. Are you fluent in a language other than English? If so, what language(s)? Would you be willing to translate for a patient?
9. What type of assignment(s) interest(s) you: <input type="checkbox"/> Information Desk <input type="checkbox"/> Errand/Escort <input type="checkbox"/> Front Door <input type="checkbox"/> Clerical <input type="checkbox"/> Other _____ We do not place volunteers in Pediatrics or Research. Visit RoswellPark.org/Volunteers for more information.
10. Do you see your commitment in terms of: <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years

Availability

Please check the time(s) you are usually available for a volunteer assignment.

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons

****Evenings & weekends limited placements***

References

Please list two people other than relatives who would be willing to serve as personal references.

1	Last Name	First Name	Relationship
	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> _____		Phone No.
	Street Address		Apartment Number
	City	State	Zip Code

2	Last Name	First Name	Relationship
	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> _____		Phone No.
	Street Address		Apartment Number
	City	State	Zip Code

Have you ever been convicted of a crime other than a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
Are there any health conditions that should be considered in your volunteer placement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
<p>I understand that I will not be paid for my services as a volunteer. I certify that the statements made in this Volunteer Application Form are true and correct, and have been given voluntarily. I understand that falsification of any information is grounds for dismissal. I voluntarily give Roswell Park Comprehensive Cancer Center the right to make an investigation of my past experience and I agree to cooperate in such investigations and release from all liability or responsibility all persons, companies, and corporations supplying such information.</p> <p>In addition, I agree that I will keep confidential all materials that I may read or learn about during my volunteer experience. I will only discuss this information with other staff and never off hospital grounds. If I ever use any part of my experience in writing, I agree that a member of the staff will review it in order to protect the confidentiality and legal rights of the patient.</p> <p>Applicant's Signature: _____ Date: _____</p>

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Interview Comments

Interviewed by: _____ Date: _____

Requirements

Health Assessment Approval

Volunteer Orientation Date

Assignment

Please return completed application to: Volunteer Office
Roswell Park Comprehensive Cancer Center
Elm & Carlton Streets
Buffalo, NY 14263