

For Office Use Only

Interview Comments

Interviewed by: _____ Date: _____

Requirements

Health Assessment Approval

Volunteer Orientation Date

Assignment

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



Roswell Park Cancer Institute Volunteer Application Form

This Box For Office Use Only

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> <input type="checkbox"/> High School <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Doctorate <input type="checkbox"/> Other _____	
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> 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 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> _____					
In An Emergency 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 Cancer Institute (RPCI)?

3. What other volunteer work have you done? When? What agency?

4. Do you have any special training, talents or skills that might be valuable at RPCI?

5. Are you involved in extracurricular activities? If so, what are they?

6. RPCI 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:
 Information Desk Errand/Escort Front Door Clerical 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: Weeks Months 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"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings
<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<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.

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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

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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? Yes No If yes, please describe:

Are there any health conditions that should be considered in your volunteer placement? Yes No If yes, please describe:

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 Cancer Institute 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.

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.

Applicant's Signature: _____ Date: _____