



# VOLUNTEER INFORMATION FORM

**Thank you for your interest! Volunteers play an important part in achieving our mission and we appreciate your time and interest.**

## OUR MISSION

To provide financial support for Cancer Support Community by working as a team to create a positive resale experience for our customers, consignors, and volunteers.

## ABOUT CANCER SUPPORT COMMUNITY

Cancer Support Community is part of a non-profit network dedicated to providing support, education, and hope to people affected by cancer. It was originally known as The Wellness Community, founded in 1990 by Lynne Stern, herself a cancer survivor, along with friends and supporters. The main location is in Blue Ash, with a satellite office in Ft. Wright, Kentucky, and off-site program venues throughout the region. Thousands of cancer patients, their families and friends participate in support groups, information sessions, social events and more, all entirely free of charge.

## CANCER SUPPORT COMMUNITY'S MISSION

To ensure that all people impacted by cancer are empowered by knowledge, strengthened by action, and sustained by community.

## REQUIREMENTS FOR BECOMING A VOLUNTEER

- Volunteers must share an interest in achieving our mission.
- Volunteers must be willing to follow organization policies and procedures.
- Volunteers must be at least 16 years of age.
- A guardian must sign the Volunteer Release Form for any volunteer under the age of 18.
- Every volunteer must complete an on-site orientation at the beginning of the first volunteer shift.  
The orientation will include an overview of our mission, policies, procedures, and safety standards.  
There will be additional training required for certain tasks.
- Every volunteer is responsible for reading the Volunteer Manual and signing the volunteer agreement form.

<b>PERSONAL INFORMATION</b> <i>(please print)</i>	
Name _____	Date _____
Full Address (with city/state/zip) _____	
Home Phone _____	Work Phone _____ Cell Phone _____
E-Mail Address _____	Birthdate(day/mo) _____
What area(s) are you interested in:	
<input type="checkbox"/> Monday Merchandising <input type="checkbox"/> Sales Associate <input type="checkbox"/> Pricing Team <input type="checkbox"/> Typing sales tags <input type="checkbox"/> Merchandise price tagger <input type="checkbox"/> Office tasks <input type="checkbox"/> Repair and maintenance tasks	
Days and times you are available to volunteer: <input type="checkbox"/> 10 am-1:30 pm <input type="checkbox"/> 1:30-5 pm <input type="checkbox"/> 5-7 pm (Tues-Fri)	
Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	
Do you have any physical or medical limitations?   Yes   No	

<b>EMERGENCY CONTACT INFORMATION</b> <i>(please print)</i>	
Contact Name _____	Relationship _____
Contact Phone Number(s) _____	

**PLEASE COMPLETE OTHER SIDE.**

**We'd like to get an idea of your work experience and skills sets. Please indicate in the areas below and feel free to attach additional pages, if needed.**

**Thank you!**

**Are you currently working? \_\_Yes \_\_No**

**Work Experience** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Computer Skills** \_\_\_\_\_

\_\_\_\_\_

**Retail Sales Experience** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Design/Decorating Experience** \_\_\_\_\_

\_\_\_\_\_

**Writing, office management, other technical skills** \_\_\_\_\_

\_\_\_\_\_

**Previous/Ongoing Volunteer Experience** \_\_\_\_\_

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