FOX CHASE
CANCER CENTER
TEMPLE HEALTH

Volunteer Application Form

Today's Date ____ / ____ / ____

Personal Information

Last Name	First Name	Middle Name
❑ Mr. ❑ Ms. ❑ Mrs. ❑ Miss ❑ Dr. ❑ ______________	Preferred nickname:	
Street Address		Apartment Number
City	State	Zip Code
Home Phone Number ( )	Business Phone Number ( )	Cell Phone Number ( )
E-mail address:		
Are you over 18 years of age? If not, please give your date of birth.		

Optional Questions *(For statistical purposes only)*

In an effort to celebrate the diversity of volunteers, we invite you to share the following information that applies to you:

Gender: ❑ M ❑ F

Marital Status: ❑ Yes ❑ No

Spouse's Name (if married): ______________________

Cultural Information:

❑ White/Caucasian ❑ Spanish/Hispanic/Latino
❑ Black/African-American ❑ American Indian/Alaskan Native
❑ Native Hawaiian/Other Islander
❑ Other Race(s) *please print race* ______________________

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Education *(Please check highest education)*

❑ High School ❑ Associate's Degree
❑ Undergraduate Degree ❑ Graduate Degree
❑ Doctorate
❑ Other ______________________

In An Emergency

Name of Person to be Notified

Relationship

Phone Number: ❑ Work ❑ Home ❑ Cell

Employment Information

I am: ❑ Employed ❑ Retired ❑ Student ❑ 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?

- ❑ Newspaper
- ❑ Fox Chase Cancer Center Web site
- ❑ Church/Synagogue
- ❑ Fox Chase Cancer Center Visitor
- ❑ Other (*please name source*) ____________________

2. Why would you like to volunteer at Fox Chase Cancer Center?

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

Organization ____________________ Date ____________

Organization ____________________ Date ____________

4. Do you have any special training, talents or skills that might be valuable at Fox Chase Cancer Center?

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

6. The FCCC Board of Associates raises a substantial amount of money for patient care and research through special events such as the FCCC Day at the Phillies, Plain & Fancy, Golf Tournaments, and the Friends Auction. Are you interested in helping with special events?

7. Are you fluent in a language other than English? If so, what language(s)?

8. What type of assignment(s) interest(s) you:

- ❑ Patient Services
- ❑ Clerical/Administrative
- ❑ Research
- ❑ Technical/Business
- ❑ Other ____________________

9. 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
❑ Mornings	❑ Mornings	❑ Mornings	❑ Mornings	❑ Mornings
❑ Afternoons	❑ Afternoons	❑ Afternoons	❑ Afternoons	❑ Afternoons
❑ Evenings*	❑ Evenings*	❑ Evenings*	❑ Evenings*	❑ Evenings*

Evenings 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
❑ Mr. ❑ Ms. ❑ Mrs. ❑ Miss ❑ Dr. ❑ ________________		Phone Number:
Street Address		Apartment Number
City	State	Zip Code

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Last Name	First Name	Relationship
❑ Mr. ❑ Ms. ❑ Mrs. ❑ Miss ❑ Dr. ❑ ________________		Phone Number:
Street Address		Apartment Number
City	State	Zip Code

Are you physically able to perform the essential requirements of a volunteer? ❑ Yes ❑ No

I understand that I will not be paid for my services as a volunteer. I certify that the statements made in the 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 FCCC the right to make an inquiry of my past experience and I agree to cooperate in such inquiries 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 FCCC 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 ________________

Fox Chase Cancer Center is a smoke-free campus.

For Office Use Only

Interview Comments

Interviewed by: ______________________ Date: ______________

Requirements
Reference Letters
Volunteer Orientation Date
Health Assessment Approval
HIPPAA Compliance Training

Assignment	Supervisor Name/Extension	Task Description