



Volunteer Application

Date: _____

First Name: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Birthday: _____

Would you like to receive a monthly
volunteer news letter via email? yes no

Emergency Contact Information:

Name: _____ Relationship: _____

Phone Number: _____ Primary Language: _____

Areas of Interest:

Please check off all areas that interest you.

- | | | |
|---|---|---|
| <input type="checkbox"/> Office Administrative Work | <input type="checkbox"/> Full Hearts — Grocery Delivery | <input type="checkbox"/> Adopt-A-Family |
| <input type="checkbox"/> Kid's Cards Program | <input type="checkbox"/> Full Hearts—Grocery Packing | <input type="checkbox"/> Art from the Heart |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Full Hearts—Pantry Program | |

Community Service Information:

 Please fill out only if this applies to you.

What community service program are you completing? _____

How many hours do you need? _____ When are these hours due by? _____

Background Information:

Who is your employer/ What school do you attend? _____

How did you learn about Jacob's Heart Children's Cancer Support Services? _____

Are you a cancer survivor? yes No

Have you or a family member received services from Jacob's Heart? yes No

Do you have any special skills or needs? _____

Languages:

Do you speak Spanish? yes No Other language? _____

If you speak Spanish ... (Circle one.)

Spoken Ability: Beginner Conversational Fluent

Written Ability: Beginner Conversational Fluent

Staff Use Only:

- | | | |
|---|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Constant Contact | <input type="checkbox"/> Salesforce | <input type="checkbox"/> Kindful |
|---|-------------------------------------|----------------------------------|

Confidentiality Agreement

Confidentiality is of the utmost importance to the families supported by Jacob's Heart Children's Cancer Support Services, and it is expected that anyone who works or volunteers for Jacob's Heart Children's Cancer Support Services understands this and agrees to abide by the following policy:

I agree to respect the privacy of all families served by Jacob's Heart Children's Cancer Support Services. I understand that I may have access to confidential information, both verbal and written, relating to families, volunteers or staff of Jacob's Heart Children's Cancer Support Services.

I agree to maintain confidentiality with regard to names, circumstances and services provided to the families served by Jacob's Heart Children's Cancer Support Services.

I understand, and agree, that all such information is to be treated confidentially and discussed only within the boundaries of my volunteer position at Jacob's Heart Children's Cancer Support Services. No information is to be imparted to any person, group, or media representative, without prior approval of the Executive Director, except where such disclosure is consistent with stated policy and relevant legislation.

I further understand that breach of this agreement shall constitute grounds for and may result in termination of my volunteer status with Jacob's Heart Children's Cancer Support Services.

Signature: _____ Date: _____