



## 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:

Constant Contact  Salesforce  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: \_\_\_\_\_