



Professional Volunteer Application

We appreciate your interest in our organization. Please send completed application to catherine.intartaglia@inova.org or Catherine Intartaglia, Life with Cancer Family Center, 8411 Pennell Street, Fairfax, VA 22031.

Please note: Life with Cancer requires background check, TB test or chest x-ray and annual flu shot for all volunteers.

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Today's date
Current Street Address			Home Phone
City	State	Zip Code	Cell Phone
E-Mail Address:			Do you check e-mail daily? Yes No
Have you ever been convicted of a felony? Yes No Note: Do not declare any sealed or expunged convictions. A conviction will not necessarily bar participation in our volunteer program but will be considered within the context of the entire application.			If yes, please explain:
How did you hear about our volunteer program? (please circle) Friend Web Page Walk-in Family Other(please explain):			Position I am interested in:

EMPLOYMENT

Job Title	Employer
Address	City State Zip

EDUCATIONAL DATA

School	Name & Location for each listing	No. of Years Completed	Major/Degree
High School			
College			
Graduate School			
Trade, Business or Correspondence			
Other			
Other			

VOLUNTEER EXPERIENCE

List previous volunteer experiences:
Briefly state why you would like to volunteer here.
Areas of volunteer interest (check all that apply):
<input type="checkbox"/> Massage Therapy <input type="checkbox"/> Reiki Facilitator <input type="checkbox"/> Yoga Facilitator <input type="checkbox"/> Healing Touch Facilitator
<input type="checkbox"/> Meditation Facilitator <input type="checkbox"/> Librarian <input type="checkbox"/> Exercise Facilitator <input type="checkbox"/> Other _____

Note: Orientation training is required for all volunteers.

CERTIFICATIONS/LICENSES

List any certifications, or licenses you possess that would be need to provide services to Life with Cancer participants.

AVAILABILITY

Weekdays (please circle all apply):	Monday	AM	PM	Tuesday	AM	PM	Wednesday	AM	PM
	Thursday	AM	PM	Thursday	AM	PM			
Weekends:	Saturday	AM	PM	Saturday	AM	PM			

EMERGENCY CONTACT INFORMATION

Contact Name	Relationship
Day Phone	Evening Phone

ADULT VOLUNTEER APPLICANT STATEMENT

<p>I understand that I am applying to be an unpaid volunteer for Life with Cancer and that this application is not an application for employment. I understand that nothing in this application is intended to imply or create an employment relationship or a contract for employment.</p> <p>If I am accepted into Life with Cancer's volunteer program, I agree that I will abide by the requirements of the program, policies and procedures of Life and commit to volunteer regularly for a minimum of six months.</p> <p>Signature: _____ Date: _____</p>

REFERENCES

Please list three people, other than immediate family members whom we may contact for personal/professional references. Please list people that have known you for a minimum of one year so they can provide a good detailed character reference. At least two of the people should be a work associate (past or present), professional person or school reference. All references will be contacted by either phone or mail so please be certain to include exact address and phone information. Your application will not be processed without complete reference information. Please print clearly.

1. Name: _____
Address: _____
City: _____ St: _____ Zip: _____
Daytime Phone: _____ Relationship to you: _____
2. Name: _____
Address: _____
City: _____ St: _____ Zip: _____
Daytime Phone: _____ Relationship to you: _____
3. Name: _____
Address: _____
City: _____ St: _____ Zip: _____
Daytime Phone: _____ Relationship to you: _____

Please send references to:
Catherine Intartaglia
Life with Cancer Family Center
8411 Pennell Street
Fairfax, VA 22031

or: catherine.intartaglia@inova.org