



Volunteer Application

Please fill out this application and attach your resume if you have one. You can return it to the Foundation by fax (501-603-7429), mail or in person. Feel free to call the Foundation to discuss this application and any volunteer opportunities at 501-603-7429. Thank you for your interest!

Name: _____
Last First Middle

Address: _____
Street City Zip

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ E-mail: _____

Preferred method of Contact: Home Work Cell E-mail

Emergency Contact: _____ Phone: _____

Education: _____

Occupation: _____

Employer: _____ Full-time / Part-time

Hobbies, Skills & Interests: _____

Best Day(s) to serve: Mon Tues Wed Thurs Fri Sat Sun

Preferred Time of day to serve: Morning Afternoon Evening

Area/s of Interest:

- Fundraising
- Special Events
- General Administrative
- Statewide Screening Program
- Spokesperson/Encourager
- Awareness First Council

Do you have a geographical preference as to where you do volunteer work? _____

Do you have access to an automobile you can use for volunteer work? Yes No

Have you volunteered for the Foundation in the past? Yes No
(If yes, please describe your efforts and experience)

Last Name: _____

Please describe your connection to the Arkansas Prostate Cancer Foundation. Why do you want to volunteer for the Foundation?

What skills, talents or connections do you have which might be useful in volunteering for the Foundation?

What training or experiences do you have which might be useful when volunteering?

Please describe your ideal volunteer job, including duties and outcomes that would make you feel successful.

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Have you ever been convicted of a criminal offense? Yes No

Has your driver's license ever been suspended or revoked in any state? Yes No

Do you use illegal drugs? Yes No

Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work? Yes No

Please list two non-family references that we might contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

How did you hear about us?

- Newspaper: _____ United Way
- Referred by friend: _____ Radio: _____
- Event: _____ Web: _____
- Other: _____

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I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from volunteering for the Foundation, and may result in my removal if discovered at a later date.

Signature: _____

Date: _____