

Candlelighters Childhood Cancer Foundation of Southern Arizona

VOLUNTEER INFORMATION

Please complete entire application and return to:
PO Box 42436 Tucson AZ 85733
Office: 520-777-4911 or Fax to 520-777-4916

Home Information

Name: _____

Address: _____

City, State & Zip: _____

Phone: () _____ Fax: () _____

Email: _____

Junior Volunteer? Yes _____ Age _____ Date of Birth _____

Emergency Contact

Name: _____ Relationship: _____

Day phone: () _____ Evening phone: () _____

Employment

Current Employer: _____

Address _____

City, State & Zip: _____

Phone: () _____ Fax: () _____

May we contact you at work? Yes _____ No _____

To which address would you like your mail sent? Home _____ Work _____

Education

High School: _____ Date completed: _____

College: _____ Degree & Date: _____

Special Training: _____ Degree & Date: _____

Name of school you are presently attending: _____

Will you be receiving academic credit for your work? Yes _____ No _____

Personal References

Please provide two references. They can not be family members or significant others.

Name: _____ Relationship: _____

Day phone: () _____ Evening phone: () _____

Name: _____ Relationship: _____

Day phone: () _____ Evening phone: () _____

Past Volunteer Experience – include organization name, responsibilities and dates

Please mark which activities you are interested in: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Summer Camp | <input type="checkbox"/> Holiday Party |
| <input type="checkbox"/> Fall Walk Fundraiser | <input type="checkbox"/> Misc. Office Duties |
| <input type="checkbox"/> Monthly Family Support Activities | <input type="checkbox"/> New Parent Diagnosis Bags |

Skills: What special talents would you be willing to share: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Public speaking | <input type="checkbox"/> Driving/running errands |
| <input type="checkbox"/> Photography/video | <input type="checkbox"/> Music Therapy |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Public Relations/Media |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Arts/Crafts (please specify) _____ | |
| <input type="checkbox"/> Foreign Languages (please specify) _____ | |
| <input type="checkbox"/> Other (please specify) _____ | |

How did you learn about Candlelighters volunteer program?

Website _____ Newspaper _____ Newsletter _____ Radio/TV _____ UMC _____ Other _____

CONFIDENTIALITY AGREEMENT:

You must at all times respect the privacy of the families. You may not share any Candlelighters family information including diagnosis or treatment with anyone other than staff.

Candlelighter’s representatives and volunteers are bound by a code of ethics and privacy rights. I understand that I will be immediately dismissed from my volunteer assignment if I do not adhere to the confidentiality agreement.

I CERTIFY THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Signature _____ **Date** _____

PARENTAL CONSENT FOR APPLICANTS UNDER 18 YEARS OLD

Signature _____ **Date** _____

Background Questionnaire and Authorization

As a condition of your potential service to Candlelighters kids and their families, we perform a background investigation on all volunteers. Inquiries into criminal backgrounds are necessary and are posed solely because of the potential for developing relationships between volunteers and the children we serve. Your participation in the process is voluntary. However, if you choose not to sign this release, you will be eliminated as a possible candidate for a volunteer position.

ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

1. Do you use illegal drugs?

_____ Yes _____ No

2. Are you currently charged with a criminal offense, including but not limited to, criminal neglect, abuse or assault?

_____ Yes _____ No

3. Have you ever been convicted of a criminal offense including but not limited to criminal neglect, abuse or assault?

_____ Yes _____ No

4. Have you been convicted of any crime against children or other persons?

_____ Yes _____ No

5. Have you been convicted of crimes relating to financial exploitation of any person or institution?

_____ Yes _____ No

6. Have you been found in any civil or criminal action to have sexually assaulted, exploited or physically abused any minor child or developmentally disabled or vulnerable adult?

_____ Yes _____ No

7. Have you been found in any disciplinary board final decision to have sexually, physically or financially abused or exploited any minor or developmentally disabled or vulnerable adult?

_____ Yes _____ No

I HAVE COMPLETED AND REVIEWED THIS ENTIRE FORM AND ATTEST THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE AT THIS TIME. I HEREBY AGREE TO PROMPTLY DISCLOSE ANY FUTURE CRIMINAL CHARGES OR CONVICTIONS. I HEREBY AUTHORIZE CANDLELIGHTERS TO CONDUCT A BACKGROUND CHECK AT ANY TIME.

Applicant Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Interview _____

Reference Check _____

Training _____

Active Date _____

Final Date _____

Other _____