AMERICAN childhood CANCER ORGANIZATION INLAND NORTHWEST

P.O. Box 8031 Spokane, WA 99203 Phone: 509-474-2759 Fax: 509-474-2756

VOLUNTEER INFORMATION

Home Information ***PLEASE PRINT***

Name:_____

Address:_____

City, State & Zip:_____

Phone: ( )_____ Fax: ( )_____

Email:_____

Junior Volunteer? Yes_____ Age_____ Date of Birth _____

Parent Volunteer? Yes_____ Received Parent Training Manual____Date_____

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 _____

Is your volunteer service part of a court ordered program? Yes_____ No_____

Education

High School: _____ Date completed:_____

College:_____ Degree & Date:_____

Special Training:_____ Degree & Date_____

Are you presently attending school? _____

If so, name of school _____

Will you be receiving academic credit for your work?

_____

Personal References

Please provide the names of the individuals who will be providing references. References should not be family members or significant others.

Name:_____ Relationship:_____

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

Volunteer Experience

Have you served as a volunteer before? Yes____ No ____ If Yes, please specify when and where:

_____

_____

Your Interests

What kind of volunteer work would you like to do? (check all that apply)

_____Annual Dinner and Auction
_____Christmas Party
_____Special Events
_____Support Group – Teen
_____Support Group – Bereaved Parent
_____Patient Services (further training required)
_____Fundraising
_____Other – Please specify _____

_____Summer Party
_____New Patient Bags
_____Support Group – Sibling
_____Support Group - Parent
_____Christmas Adopt-A-Family
_____Office Assistance
_____Volunteer coordinator

**Note: Depending upon volunteer duties, a background check may be required.

Skills: What special talents would you be willing to share as a volunteer?

_____Public Speaking
_____Photography/video
_____Graphic Design
_____Public Relations
_____Other – Please specify _____

_____Driving/running errands
_____Arts/Crafts (please specify)
_____Foreign Language
_____Marketing

How did you learn about American Childhood Cancer Organization Inland Northwest (ACCOIN)'s volunteer program?

Web page ____ Newspaper _____ Newsletter _____ Radio/TV _____
Other _____

STATEMENT OF CONFIDENTIALITY

I understand that I will be automatically dismissed from my volunteer assignment if I do not maintain strict confidentiality of all matters I may learn of while volunteering at or for ACCOIN.

_____ _____
Signature Date

VOLUNTEER AGREEMENT

The mission of ACCOIN is to educate, support, serve, and advocate for families of children with cancer, survivors of childhood cancer, and the professionals who care for them. ACCOIN is a charitable organization relying on volunteer and community partners to assist in funding and delivering services to children with cancer and their families. Just like childhood cancer, we do not discriminate based upon economic, spiritual, or racial backgrounds. ACCOIN is an all-inclusive organization embracing families where they are in their journey and meeting some very practical needs.

As an ACCOIN volunteer, I agree to respect the rights, privacy, and perspectives of everyone I come into contact with in my capacity as a volunteer. I agree to not discuss or share families' private issues, information, diagnosis or treatment with anyone other than staff. All volunteers are bound by a code of ethics intended to protect the volunteers, the families served, and the organization. I understand that as a representative of ACCOIN, my actions and conduct reflect on the image of the organization.

Furthermore, I agree to contact either the Volunteer Program Coordinator or the Executive Director with any questions, concerns, or problems associated with donors, potential donors, families served, medical staff, or others that may arise in carrying out my duties. In the rare event that a conflict arises that cannot be resolved or there is a continual violation of policies, procedures, or guidelines, volunteer service will end.

I agree to follow all guidelines, policies, and procedures as presented to me.

Volunteer Signature Date

ACCOIN Representative Signature Title Date

PARENTAL CONSENT FOR APPLICANTS UNDER 18 YEARS

Date _____

Signature _____

FOR OFFICE USE ONLY

Interview _____ Reference Check _____ Background_____
Check_____Training_____Active Date _____Final Date _____
Other_____