



9872 South 700 East Sandy, UT 84070 Phone: 801-834-1262

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## 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                    | _____ Summer Party New         |
| _____ Christmas Party                              | _____ Patient Bags Support     |
| _____ Special Events                               | _____ Group – Sibling          |
| _____ Support Group – Teen                         | _____ Support Group - Parent   |
| _____ Support Group – Bereaved Parent              | _____ Christmas Adopt-A-Family |
| _____ Patient Services (further training required) | _____ Office Assistance        |
| _____ Fundraising                                  | _____ Volunteer coordinator    |
| _____ Other – Please specify _____                 |                                |

\*\*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	_____ Driving/running errands
_____ Photography/video	_____ Arts/Crafts (please specify)
_____ Graphic Design	_____ Foreign Language
_____ Public Relations	_____ Marketing
_____ Other – Please specify _____	

How did you learn about American Childhood Cancer Organization Utah (ACCOU)T'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 ACCOU)T.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## VOLUNTEER AGREEMENT

The mission of ACCOUT is to educate, support, serve, and advocate for families of children with cancer, survivors of childhood cancer, and the professionals who care for them. ACCOUT 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. ACCOUT is an all-inclusive organization embracing families where they are in their journey and meeting some very practical needs.

As an ACCOUT 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 ACCOUT, 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.

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Volunteer Signature

Date

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ACCOUT Representative Signature

Title

Date

### PARENTAL CONSENT FOR APPLICANTS UNDER 18 YEARS

Date \_\_\_\_\_

Signature \_\_\_\_\_

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#### FOR OFFICE USE ONLY

Interview \_\_\_\_\_ Reference Check \_\_\_\_\_ Background \_\_\_\_\_  
Check \_\_\_\_\_ Training \_\_\_\_\_ Active Date \_\_\_\_\_ Final Date \_\_\_\_\_  
Other \_\_\_\_\_