



VOLUNTEER APPLICATION

Please Print

Name _____

Address _____

City

State

Zip

Date of Birth: ____/____/____

Phone () _____ - _____

Cell () _____ - _____

E-mail _____

What days are you available? Su M Tu W Th F S

Community /Organization involvement: (clubs, etc.)

Areas of Interest:

Volunteer Experience

Organization _____ Date(s) of Service _____

Emergency Contact

Name _____

Relation _____

Phone () _____ - _____

Cell/Work () _____ - _____

Are you requesting volunteer service hours due to a mandated community service requirement? Yes No

If so, reason for requirement _____

Have you ever been convicted of a criminal offense (felony or misdemeanor, except minor traffic violations)? Yes No

Are there any other facts or circumstances in your or your background that would cause us to question your ability to supervise, guide and care for young people? Yes No

Have you ever been reported to a social services agency, law enforcement authority, child abuse registry, or similar organization regarding abuse or misconduct involving children? Yes No

Do you have any friends or family members who volunteer for CCFSC? Yes No

Name: _____

REFERENCES

Name: _____
Email: _____
Phone: _____
Relationship: _____

Name: _____
Email: _____
Phone: _____
Relationship: _____

FAMILY SAFE ENVIRONMENT

Volunteers as a condition of service must abide by the terms of this policy.

Childhood Cancer Foundation of Southern California, Inc. does not condone the illegal use of controlled substances at any time. In the event a volunteer is found to have illegally used controlled substances off-the-job, Childhood Cancer Foundation of Southern California, Inc. will take any action it deems appropriate regarding that person's continued involvement with Childhood Cancer Foundation of Southern California, Inc.

All volunteers are absolutely prohibited from unlawfully manufacturing, distributing, selling, possessing, using or being under the influence of controlled substances while conducting Childhood Cancer Foundation of Southern California, Inc. business, regardless of the location, or while operating or being responsible for Childhood Cancer Foundation of Southern California, Inc. property.

In an effort to provide the best program for our families, we ask that any applicants that have been convicted of a misdemeanor or felony not submit an application. All volunteers must maintain a respectful attitude and interact in a respectful manner with any and all other volunteers and CCFSC staff. There will be no tolerance for any physical or verbal altercations.

Any volunteer violating this policy will be terminated as a volunteer for the first offense.

I, _____, understand that Childhood Cancer Foundation of Southern California, Inc. maintains a drug free environment. I have reviewed the Family Safe Environment document and I agree to conform to these rules and regulations.

MEDIA RELEASE

I, _____, authorize Childhood Cancer Foundation of Southern California, Inc. to use my photograph, name and/or information about me regarding my volunteer services providing support to children and their families as they deal with serious illnesses and death. I understand that media may include but is not limited to newspaper articles, television, radio, film documentaries, and speaking engagements. This may include revenue-producing products. I understand that I will not receive any compensation for this publication or broadcast.

CONFIDENTIALITY STATEMENT

I, _____, acknowledge that Childhood Cancer Foundation of Southern California Inc. is an agency whose purpose is to provide support to children and their families as they deal with serious illnesses and loss. I hereby agree to follow the strictest of ethics when trusted with confidential information. This confidential information includes but is not limited to: files pertaining families, information concerning the organization, volunteers and staff, and/or information received from families during interviews, visits and events.

I have completed and reviewed this entire form and attest that the information provided is true.

Volunteer Signature

Date

Parent/Legal Guardian Signature
(if minor)

Date

By completing this form, you will be added to the Childhood Cancer Foundation of Southern California, Inc. mailing and e-mail list to receive volunteer event information. Your information will not be shared with any other organization. Federal and/or State law prohibits discrimination on the basis of age, sex, race, color, religion, national origin, marital status, or physical or mental handicap. The information acquired will only be used to better know our volunteers.

Volunteers that are interested in working directly with CCFSC must be a minimum of 14 years old.

Upon completion, please return to CCFSC:
PO Box 1663, Loma Linda, CA 92354
Fax (909) 558-3420 | Email savila@ccfsocal.org