



Volunteer Application

WNY Ovarian Cancer Project-attn: Volunteer Program
 6006 Georgetown Ct., Pendleton, New York 14094
 (716)946-6437 info@wnyovariancancerproject.org

Empowering Women in the WNY Community thru Education Awareness & Support

Contact Information:	
Today's Date	
Name	
Street Address	
City, State, Zip code	
Home & Cell Phone:	<i>Home:</i> _____ <i>Cell:</i> _____
Work Phone	
E-Mail Address	
What is your preferred method of contact?	<i>Please check all that apply:</i> Home phone ___ Cell phone ___ Work phone ___ Email ___ Mail ___

Availability *Please check all that apply & circle the days of the week you are available*

What hours/days are you available for volunteer assignments?

- | | |
|---|--|
| <input type="checkbox"/> Weekday mornings (M T W TH F) | <input type="checkbox"/> Weekend mornings (Sat, Sun) |
| <input type="checkbox"/> Weekday afternoons (M T W TH F) | <input type="checkbox"/> Weekend afternoons (Sat, Sun) |
| <input type="checkbox"/> Weekday evenings (M T W TH F) | <input type="checkbox"/> Weekend evenings (Sat, Sun) |

Interest in volunteering with WNYOCP? *Please check all that apply*

- | | |
|--|--|
| <input type="checkbox"/> Ovarian Cancer Survivor | <input type="checkbox"/> Family or Friend affected by ovarian cancer |
| <input type="checkbox"/> Healthcare Provider | <input type="checkbox"/> Other _____ |

What volunteer position(s) interest you? *Please check all the apply*

- | | |
|---|--|
| <input type="checkbox"/> Advocacy- Legislative | <input type="checkbox"/> Education (Health Fairs/Community Events) |
| <input type="checkbox"/> Speaker's Bureau/Health Educator | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Work directly with women w/ovarian cancer |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Advisory Professional (type) _____ | |

Special Skills or Qualifications *Please check all that apply*

Summarize special skills & qualifications acquired from employment, volunteer work, or through other activities, including hobbies or sports.

- | | |
|---|--|
| <input type="checkbox"/> Office Skills | <input type="checkbox"/> Grant writing |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Bilingual |
| <input type="checkbox"/> Communication/Marketing | <input type="checkbox"/> Lobbying/Legislative Background |
| <input type="checkbox"/> Medical background | <input type="checkbox"/> Program development/Management |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Special Event Planning |
| <input type="checkbox"/> Other: (Please describe) | |

Previous Volunteer Experience Summarize your previous volunteer experience:

Person to Notify in Case of Emergency

Name:	Relationship to you:
Street Address	
City, State, Zip code	
Home & Cell Phone:	<i>Home:</i> <i>Cell:</i>
Work Phone	

How did you hear about the WNY Ovarian Cancer Project

Adult T-Shirt

√ **Size** XS Small Med. Large XL 1X 2X 3X

Volunteer Agreement & Signature:

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. Furthermore, my signature below provides my authorization to WNY Ovarian Cancer Project to conduct driver license and motor vehicle record checks as needed, as well as reference checks to determine my suitability for placement.

I understand that as a volunteer, I may become privy to confidential information about the WNY Ovarian Cancer Project. I agree to maintain the confidentiality of any information marked “confidential” as well as any information about the WNY Ovarian Cancer Project’s internal procedures, business operations, personnel information and the like that is not otherwise publicly disclosed by the WNY Ovarian Cancer Project. I will not use any confidential information in any manner that would be detrimental to the WNY Ovarian Cancer Project, and I will avoid any actions that might impair the reputation of the WNY Ovarian Cancer Project.

I HAVE READ THE ABOVE WAIVER OF LIABILITY AND CONFIDENTIALITY AGREEMENT, I UNDERSTAND IT AND WITH MY SIGNATURE I AGREE TO ALL OF ITS TERMS AND CONDITIONS. I hereby release all parties from any liability for furnishing this information.

Name (Printed)	
Signature	
Date	

Our Policy WNY Ovarian Cancer Project acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex or marital status.