



Cancer Support Sonoma Volunteer Application

NAME (PRINT):

PHONE:

E-MAIL:

ADDRESS:

Date of Birth: _

DATE OF BIRTH INFORMATION IS COLLECTED FOR THE SOLE PURPOSE OF EXPEDITING YOUR BACKGROUND INVESTIGATION; IT IS NOT A FACTOR CONSIDERED IN THE EVALUATION OF YOUR APPLICATION FOR EMPLOYMENT.

City

State

Zip

SOCIAL SECURITY NUMBER

DRIVERS LICENSE NUMBER

STATE

EXPIRATION

SIGNATURE

DATE

Availability

Please list your availability:

_____ I can volunteer on Tuesdays. Circle one 9:00am-12:30pm or 12:30-4:00pm

_____ I can volunteer on Fridays. Circle one 9:00am-12:30pm or 12:30-4:00pm

_____ I would like to be an administrative volunteer in the office

Days and times I am available _____

Education

Highest level of education? (i.e. High School, AA, BA, MA, PhD) _____

Professional School: _____

Official Name of Undergraduate School

Address of School: _____ Start Date: _____

Mailing address

_____ End Date: _____

City, State, Zip

Professional School: _____

Official Name of Undergraduate School

Address of School: _____ Start Date: _____

Mailing address

_____ End Date: _____

City, State, Zip

Work History

Please note your recent work history, starting with your most current position first. If you need more room, please attach a separate sheet.

A. Name of **Current** Employer: _____

Contact Name: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Mailing Address: _____
Street Address

City State Zip

Start Date: _____ To _____

B. Name of **Previous** Employer: _____

Contact Name: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Mailing Address: _____
Street Address

City State Zip

Start Date: _____ To _____

Person to Notify in Case of Emergency

PLEASE PRINT

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

General Volunteer Questionnaire

DATE:

PLEASE PRINT

Name:

Date:

Why do you want to volunteer for Cancer Support Sonoma?

What skills, education or experience do you have that you feel would qualify you for this position?

What volunteer position (clinic support or administrative) interests you and why?

Are you a cancer survivor? If so, can you tell us a little about your experience, including how long it has been since you have completed treatment.

What do you feel are your strengths and weaknesses in the workplace?

If offered a volunteer position, when could you start?



APPLICANT CERTIFICATION AND AUTHORIZATION

I hereby give EMPLOYEE RELATIONS NETWORK MEMBER and EMPLOYEE RELATIONS, INC. the right to conduct an investigation of my background. I understand that the investigation may include inquiry into my past employment, education, and activities, including, but not limited to, credit, criminal background information and driving record, and I release from all liability all persons, companies, schools, and corporations supplying such information. To the extent permitted by law, I indemnify you against any liability that might result from making such investigation. Additionally, I agree that you may obtain an investigative consumer report, or other information, regarding me and may consult certain files that are available. I understand that, to the extent required by law, EMPLOYEE RELATIONS, INC. will retain the results of this investigation and a copy of my application to volunteer. I understand that any false answers, statements, implications, or derogatory information made by me or which is revealed as a result of this background investigation based on information supplied in any application to volunteer, or other required documents, may be considered sufficient cause for denial of participation in the program.

I understand that you may contact my previous employers and I authorize those employers to disclose to you all records pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, to the extent permitted by law, I hereby fully waive any rights or claims I have, or may have, against my former employers, their agents, employees, and representatives, as well as other individuals who release information to you, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me.

Should an investigative consumer report be obtained from Employee Relations, Inc. in connection with my application to volunteer, I understand that I have the right to receive a copy of my report, free of charge, by checking the box below.

- PLEASE PROVIDE ME A COPY OF ANY REPORT GENERATED ON ME AS A RESULT OF THIS APPLICATION TO VOLUNTEER FOR SONOMA VALLEY HOSPITAL FOUNDATION.

I have read and understand the Summary of Your Rights Under the Fair Credit Reporting Act and the Applicant Notification, a copy of which I acknowledge receiving, advising me that a comprehensive background investigation may be conducted, which may include inquiry into past employment, education, and activities, including but not limited to, credit, criminal background information, and my driving record.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.