



Candlelighters

For Children With Cancer

4kidswithcancer.org

## Volunteer Service Application

**Instructions:** Please print or type

1. Fill out the application **completely**
2. Sign & date last page
3. Mail, fax, or email to Candlelighters

Candlelighters For Children With Cancer  
 Attn: Jackie Groah, Executive Director  
 5440 SW Westgate Drive, Suite 125  
 Portland OR 97221  
 Jackie@candlelightersoregon.org

Candlelighters is an Equal Opportunity Organization. We select volunteers without regard to ethnicity, national origin, religion, age, education, sexual orientation, mental or physical disability unrelated to job performance.

Name (last, first & middle): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Day phone (from 8 a.m.–5 p.m.): \_\_\_\_\_

Evening phone: \_\_\_\_\_

Addresses for the past 10 years: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_ May we contact you at work? Yes  No

Employer: \_\_\_\_\_

Does your employer have a volunteer matching program? Yes  No

Emergency Contact: \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you bilingual? Yes  No  If yes, what language besides English do you speak? \_\_\_\_\_

Are you currently attending school? Yes  No

Where: \_\_\_\_\_ Area of study: \_\_\_\_\_

*...because kids can't fight cancer alone!*

**PREVIOUS VOLUNTEER EXPERIENCE:**

**Organization:** \_\_\_\_\_ **Start date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **End date:** \_\_\_\_\_

**Describe your position and responsibilities:** \_\_\_\_\_

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**Describe your position and responsibilities:** \_\_\_\_\_

**Organization:** \_\_\_\_\_ **Start date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **End date:** \_\_\_\_\_

**Describe your position and responsibilities:** \_\_\_\_\_

**Please mark any interests, skills or training you are willing to share:**

- |  |   |
|--|---|
| <input type="checkbox"/> Arts, crafts, music, sewing, or photography | <input type="checkbox"/> Fundraising & Auction Support    |
| <input type="checkbox"/> Internet or web site technical skills       | <input type="checkbox"/> Research or grant writing        |
| <input type="checkbox"/> Marketing or public relations               | <input type="checkbox"/> Driving (deliveries or pick ups) |
| <input type="checkbox"/> Writing or editing                          | <input type="checkbox"/> Organizational talent            |

**Other interests, skills or training:**

\_\_\_\_\_

**Is there anything else you would like Candlelighters For Children With Cancer to know about you?**

\_\_\_\_\_

**Our volunteer services involve a variety of duties & needs. Please list any conditions (medical, physical or emotional) that you feel are important for us to know about you:**

\_\_\_\_\_

**Please check any of the following that you would be available for volunteering:**

- Mon     Tues     Wed     Thurs     Fri     Sat     Sun

**Hours:** \_\_\_\_\_

**Please check your volunteer preferences:**

Volunteering with a group/team     Behind the scenes     Special Events Independently, or from home

Independently, or from home \_\_\_\_\_ Other \_\_\_\_\_

Reference requests will vary depending upon the type of volunteer opportunity.

## BACKGROUND AND DISCLOSURES

Have you ever been convicted of a crime and/or felony, including a DUII? Yes  No

If yes, please explain: \_\_\_\_\_

Are you currently being charged with any criminal offense, including but not limited to DUII, criminal neglect, abuse, or assault? Yes  No

If yes, please explain: \_\_\_\_\_

Are you on public record as a sex offender or physical abuser? Yes  No

*Thank you for your interest in serving as a volunteer for Candlelighters! It is because of the talents, time & commitment of volunteers that Candlelighters is able to fulfill our mission in serving families impacted by childhood cancer. "It is better to light one candle than to curse the darkness."*

**Please contact Denise Hartung, Volunteer Coordinator, if you have any questions:  
CandlelightersVolunteers@gmail.com or (503) 348-3005**

## PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I, \_\_\_\_\_ (please print name), authorize full and complete investigation of my application. This process may include interviewing professional and personal references, criminal history verification, and other relevant processes. I understand that any misrepresentation or falsification of this application shall constitute cause for rejection or dismissal.

I also hereby agree to regard all information received in the performance of my volunteer work with this organization and/or in the clinic or hospital programs served by Candlelighters, both verbal and written as confidential. I understand that this organization and/or hospital respect patient's rights with regard to privacy of information and I agree to respect these rights in the performance of my volunteer duties and adhere to patient/family confidentiality in all my statements outside the organization and hospital.

In addition I, \_\_\_\_\_ (please print name), do hereby agree to indemnify and hold harmless Candlelighters For Children With Cancer, its employees, volunteers, members, or agents from any and all claims or causes of action that may arise out of performance of my assigned duties as a volunteer. I waive any right I have against Candlelighters For Children With Cancer in consideration of my participation as a volunteer for the programs and offices of Candlelighters. In closing, I agree that my volunteer services are donated to Candlelighters without contemplation of compensation or promise of future employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

