



RAY OF HOPE CANCER FOUNDATION

Assisting Coloradans in Cancer Treatment

VOLUNTEER APPLICATION

Please Print 

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Employer: _____ Occupation: _____

Date of Birth: ____/____/____

Emergency Contact: _____ EC Phone Number: _____

Please mark the times that you are available to volunteer.

	MON	TUE	WED	THU	FRI
Morning					
Afternoon					

How did you hear about Ray of Hope? (please check all that apply)

- Friend
- Family
- Volunteer
- RWF Grantee
- Internet
- Other _____

Why would you like to volunteer for Ray of Hope?

Please list any applicable education or work experience that you have (not required for volunteering)

Please list any additional skill we might like to know about, including foreign languages spoken.

A background check may be performed for acceptance as a volunteer.

Have you ever been convicted of a felony or fraudulent behavior? Yes No

If yes, please complete the following for each:

Offense: _____ Date: _____

Location: _____ Disposition: _____

Explain: _____

Conviction records will not necessarily be a bar to volunteer opportunities, factors such as age at the time of offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

Permission to Verify Content:

I _____ (applicant) hereby authorize verification of all statements herein and release Ray of Hope Cancer Foundation and all others from liability in connection with same.

Confidentiality:

As a volunteer of Ray of Hope Cancer Foundation, I _____ (applicant) understand that I may have access to confidential information, both verbal and written, relating to clients, volunteers or staff and the organization. I understand, and agree, that all such information is to be treated confidentially and discussed only within the boundaries of my volunteer position at this organization. I also agree not to discuss these same matters after I have left my volunteer position at this organization. I further understand that breach of this agreement shall constitute grounds for and may result in termination of my volunteer status with this organization.

Applicant's Signature

Date

Please return to:

Erica Schafer

eschafer@rayofhopecolorado.org

3455 Ringsby Court #111
Denver, CO 80216