



VOLUNTEER APPLICATION FORM

Full Name: _____
(Last) (First) (M.I.)

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

Street Address: _____

Date of Birth (Optional): _____

Why are you interested in volunteering at the Huntsman Cancer Institute?

What do you hope to gain from your volunteer experience?

List previous volunteer experience.

Agency (including address) Length of time Volunteer manager/phone #

May we contact previous volunteer managers? _____

List talents, skills, and experiences which are relevant to a volunteer position at Huntsman Cancer Institute.

List the days and times you will be available. **(We request a six month commitment. If you are not able to make the commitment, please do not apply.)**

List your educational background (high school diploma, college, other training).

School Years attended Degree or certificate

List your employment background.

Agency Years worked Supervisor's name

May we contact previous employers? _____

Do you have any physical or emotional limitations? (We ask that volunteers have one year pass after losing a loved one to cancer or experiencing cancer themselves) _____

How long have you lived within the local community? _____

How were you referred to us?

Have you ever been convicted of an offense other than a minor traffic violation?

The information I have provided is true to the best of my knowledge.

Signature

Date

*The following pages are for personal reference checks. The Huntsman Cancer Institute requires all applicants to submit two letters of recommendation. The references should be mailed separately by the individuals that are referring you. Please do not enclose the referrals with the application.

HUNTSMAN CANCER HOSPITAL VOLUNTEER SERVICES
1950 CIRCLE OF HOPE
SLC, UT 84112

*NOTE: Please do not use family members for references



VOLUNTEER REFERENCE

TO WHOM IT MAY CONCERN:

(Applicant's name) _____ has applied to become a volunteer at the Huntsman Cancer Institute. Our mission statement is as follows:

The Huntsman Cancer Institute's mission is to understand cancer from its beginnings, to use that knowledge in the creation and improvement of cancer treatments, to relieve the suffering of cancer patients, and to provide education about cancer risk, prevention, and care.

We strongly believe that volunteers play an integral role in providing excellent patient care. Therefore, our department is committed to selecting individuals whom we feel will interact with patients and families in a caring and responsible manner. For this reason, we require personal references from each potential volunteer. Please complete the following questionnaire and mail to:

Huntsman Cancer Hospital Volunteer Services
1950 Circle of Hope
SLC, UT 84112

1. How long have you known this applicant? _____
2. In what capacity? _____
3. Describe the applicant's reliability, self motivation, and ability to make a commitment to this volunteer position. _____

4. Would you recommend this person for a volunteer position working directly with cancer patients at the Huntsman Cancer Hospital? _____

5. Is there anything about this person's values or behavior that would be of concern in considering him/her for a volunteer position at the Huntsman Cancer Hospital? _____

6. Additional comments: _____

SIGNATURE

DATE

PRINTED NAME

TELEPHONE

*Please return this form by ____/____/____. Applications cannot be considered without this reference.

ALL INFORMATION PROVIDED WILL REMAIN CONFIDENTIAL.
THANK YOU

Huntsman Cancer Hospital
Volunteer Services
1950 Circle of Hope
Salt Lake City, UT 84112
Telephone: (801) 581-7169

Fax: 581-2603



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- 7. How long have you known this applicant? _____
- 8. In what capacity? _____
- 9. Describe the applicant's reliability, self motivation, and ability to make a commitment to this volunteer position. _____

- 10. Would you recommend this person for a volunteer position working directly with cancer patients at the Huntsman Cancer Hospital? _____

11. Is there anything about this person's values or behavior that would be of concern in considering him/her for a volunteer position at the Huntsman Cancer Hospital? _____

12. Additional comments: _____

SIGNATURE

DATE

PRINTED NAME

TELEPHONE

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