



## Volunteer Application

Volunteers that are interested in working directly with Childhood Cancer Foundation of Southern California, Inc. must be a minimum of 14 years old.

Upon completion of Volunteer Application, please mail to CCFSC office. PO Box 1663, Loma Linda, CA 92354

Date: \_\_\_\_\_

*Please print*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

*City*

*State*

*Zip*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Community Organization Involvement: (clubs, boards etc.)

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What days are you available? (circle) Sun Mon Tue Wed Thurs Fri Sat

What are you areas of interest?

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Why are you interested in being a part of the Childhood Cancer Foundation team?

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What foreign languages do you speak/read or write? \_\_\_\_\_

**Volunteer Experience**

Organization \_\_\_\_\_

Date(s) of Service \_\_\_\_\_

Have you ever been asked to relinquish a volunteer position? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please explain below.*

Emergency Contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work/Cell Phone

I have completed and reviewed this entire form and attest that the information provided is true.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*By completing this form, you will be added to the Childhood Cancer Foundation of Southern California, Inc. mailing and e-mail list to receive volunteer event information. Your information will not be shared with any other organization. Federal and/or State law prohibits discrimination on the basis of age, sex, race, color, religion, national origin, marital status, or physical or mental handicap. The information acquired will only be used to better know our volunteers.*

## Drug Free Workplace

Volunteers as a condition of service must abide by the terms of this policy.

Childhood Cancer Foundation of Southern California, Inc. does not condone the illegal use of controlled substances at any time. In the event a volunteer is found to have illegally used controlled substances off-the-job, Childhood Cancer Foundation of Southern California, Inc. will take any action it deems appropriate regarding that person's continued involvement with Childhood Cancer Foundation of Southern California, Inc.

All volunteers are absolutely prohibited from unlawfully manufacturing, distributing, selling, possessing, using or being under the influence of controlled substances while conducting Childhood Cancer Foundation of Southern California, Inc. business, regardless of the location, or while operating or being responsible for Childhood Cancer Foundation of Southern California, Inc. property.

Any volunteer violating this policy will be disciplined up to and including termination for the first offense.

I, \_\_\_\_\_, understand that Childhood Cancer Foundation of Southern California, Inc. is a drug free workplace. I have reviewed the Drug Free Workplace document and I agree to conform to these rules and regulations.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Parent/Legal Guardian Signature (if minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Childhood Cancer Foundation of Southern California, Inc. Representative

## Media Release

I, \_\_\_\_\_, authorize Childhood Cancer Foundation of Southern California, Inc. to use my photograph, name and/or information about me regarding my volunteer services providing support to children and their families as they deal with serious illnesses and death. I understand that media may include but is not limited to newspaper articles, television, radio, film documentaries, and speaking engagements. This may include revenue-producing products. I understand that I will not receive any compensation for this publication or broadcast.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Parent/Legal Guardian Signature (if minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Childhood Cancer Foundation of Southern California, Inc. Representative

## Confidentiality Statement

I, \_\_\_\_\_, acknowledge that Childhood Cancer Foundation of Southern California Inc. is an agency whose purpose is to provide support to children and their families as they deal with serious illnesses and loss. I hereby agree to follow the strictest of ethics when trusted with confidential information. This confidential information includes but is not limited to: files pertaining families, information concerning the organization, volunteers and staff, and/or information received from families during interviews, visits and events.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Parent/Legal Guardian Signature (if minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Childhood Cancer Foundation of Southern California, Inc. Representative