

# FACE IN THE MIRROR<sup>®</sup>

## SMILING BACK AT CANCER

PUTTING THE **I CAN** BACK IN CANCER.

### VOLUNTEER APPLICATION

Name \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address \_\_\_\_\_

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

Home Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Current Occupation \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

Have you volunteered for a non-profit? Yes \_\_\_\_\_ No \_\_\_\_\_

Where? \_\_\_\_\_ When? \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

#### I WOULD LIKE TO VOLUNTEER IN THE FOLLOWING AREA:

Take Mission to Patient in Hospital \_\_\_\_\_ Help Fill Patient's Gift Bags \_\_\_\_\_ Special Events \_\_\_\_\_

Fund Raising /Silent Auction \_\_\_\_\_ Tea Party Assistant \_\_\_\_\_ Office \_\_\_\_\_

Preference: FIM Women \_\_\_\_\_ AAUK Children \_\_\_\_\_ FIM 4 Men \_\_\_\_\_

How many hours are you available to work? \_\_\_\_\_ 9 AM-1 PM \_\_\_\_\_ 1 PM-5 PM \_\_\_\_\_

I prefer working: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Do you have "special" educational skills, i.e. Aesthetician? Manicurist? Facialist? Massage Therapist? Masseuse?

Please explain: \_\_\_\_\_

Do you wear sculptured nails? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

Visible tattoos? (ie: Ankle, Wrist) Yes \_\_\_\_\_ No \_\_\_\_\_ Visible piercings excluding your ears? Yes \_\_\_\_\_ No \_\_\_\_\_

What size jacket? SM \_\_\_\_\_ MED \_\_\_\_\_ LG \_\_\_\_\_ XL \_\_\_\_\_ Name Preference \_\_\_\_\_

Do you speak another language? \_\_\_\_\_ If so, which one? \_\_\_\_\_

Have you ever had a life threatening illness? (optional) Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_ Hospital Assigned \_\_\_\_\_

Volunteer Signature \_\_\_\_\_ Date to Begin Orientation \_\_\_\_\_