



Volunteer Application

(all volunteers must be 18 years of age or older)

Return application to: 305 S Norton Avenue, Marion, IN 46952

Fax: 765-664-1636 Email: receptionist@grantcountycancer.org

First Name: _____ MI: _____ Last Name: _____

Address: _____ City, State, Zip: _____

Date of Birth: _____ Driver's License #: _____ Social Security #: _____

Home Phone: _____ Cell Phone: _____ Employer: _____

Email Address: _____

Please check items you would be interested in helping with:

(for a description of each item, please see reverse side)

- | | | |
|---|---|--|
| <input type="checkbox"/> Driver in Town | <input type="checkbox"/> Golf Scramble | <input type="checkbox"/> Gift Shop |
| <input type="checkbox"/> Driver out of Town | <input type="checkbox"/> Color Me Pink 5K Run | <input type="checkbox"/> Translator (Spanish) |
| <input type="checkbox"/> Bulk Mail | <input type="checkbox"/> Special Projects | <input type="checkbox"/> Health Fairs/Community Events |
| <input type="checkbox"/> Office Work | <input type="checkbox"/> Wig Washing/Styling | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Baking Cookies | <input type="checkbox"/> Cleaning/Organizing | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Walk of Hope | <input type="checkbox"/> Building Maintenance | <input type="checkbox"/> _____ |

What days and times are you available?

Waivers / General Release / Indemnity Agreement

- | | | | | | |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday/Sunday |
| <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening |

For good and valuable consideration hereby acknowledged as received, the undersigned hereby releases and discharges Cancer Services of Grant County Inc., its employees, agents, representatives, and all other persons who may be liable from all claims of any kind or character which the undersigned may have now or in the future as a result of the undersigned voluntarily transporting clients to and from treatment facilities, activities, and other voluntary services rendered by the undersigned to Cancer Services of Grant County Inc. and their clients.

In doing so, the undersigned agrees to assume all risks of loss and may be reasonably expected to arise in connection with this activity and agrees to indemnify and hold harmless Cancer Services of Grant County, Inc. for any claims which may be brought by the undersigned or anyone else on behalf of the undersigned.

Should any part of this release be found invalid or unenforceable, the remaining provisions shall, nevertheless, remain valid and enforceable.

I understand I am under no obligation to accept assignment and that a criminal background check will be done.

I further understand that any information (written, verbal, or other form) obtained during the performance of my duties must remain confidential. This includes all information about members, clients, families, employees, and other associate organizations, as well as any other information otherwise marked I understand that any unauthorized release or carelessness in the handling of this confidential information is considered a breach of the duty to maintain confidentiality.

I further understand that any breach of the duty to maintain confidentiality could be grounds for immediate dismissal and/or possible liability in any legal action arising from such breach.

I, the undersigned, being at least eighteen (18) years of age hereby acknowledge that the activity I am voluntarily engaging in has risk of bodily harm or injury to me. I also agree to hold Cancer Services of Grant County, its employees and agents harmless from any claim, administrative, legal or otherwise, in the event that I suffer bodily harm or injury during said activity. I have provided proof in insurance which is intended to cover me in the event that I suffer bodily harm or injury during said activity. I HAVE READ THIS RELEASE AND FULLY UNDERSTAND IT.

Printed Name Signature Date

Witness Printed Name Witness Signature Date

DRIVERS

One of the biggest needs we have is for volunteer drivers. Drivers are needed for both in town and out of town trips to drive cancer patients to and from medical appointments. Mileage reimbursement is provided monthly. A valid driver's license, clean driving record, and proof of insurance are required.

BULK MAILINGS

We send out 2-3 bulk mailings each year. Assistance is needed to fold correspondence, stuff envelopes, prepare the mailings, etc.

OFFICE WORK

Help is sometimes needed for our day to day operations. Answering phones, making phone calls, typing, filing, etc.

COOKIES / Healthy Snacks

Like to bake? Bake cookies or other snacks once a month and deliver them to Cancer Services to be taken to Progressive Cancer Care as a treat for the patients.

FUNDRAISERS

Walk of Hope

The Walk of Hope is our biggest fundraiser. Assistance is needed putting packets together, folding event shirts, calling potential sponsors, setting up the day of the event, writing names on angel balloons, registration, sales, survivor table, spirit award judges, taking event photos, tearing down following the event, etc.

Par 3 Golf Scramble

Assistance for the Par 3 Golf Scramble may include calling potential sponsors, setting up the day of the event, registration, selling raffle tickets, monitoring certain holes or contests, taking photos, driving the drink cart, tearing down following the event, etc.

Color Me Pink 5K Run

The Color Me Pink 5K Run takes many volunteers! Preparing swag bags, folding t-shirts, calling potential sponsors, registration, sales, raffle, photo booth, education table, survivor table, throwing color, clean up, and tear down are just a few of the items we need assistance with for the Color Run.

Wig Washing / Styling

We are always in need of someone to help wash and style wigs for our wig room.

Cleaning/Organizing/Building Maintenance

Volunteer your time to help clean and organize in our office or warehouse, or help us with building repairs and maintenance.

Health Fairs & Community Events

Man one of our booths at health fairs and other community events.

Translator

Do you speak Spanish? Translators are needed!

Gift Shop

Help out in our gift shop.

Special Projects

...any other volunteer opportunities that may arise. ☺