



Cancer Connection Enrollment Form

Our Mission: To reach out and share encouragement to individuals in active cancer treatment so that they know they are not alone by connecting them to a community of support.

Cancer Connection serves anyone going through active cancer treatment and offers encouragement at no charge. Participants must enroll themselves by providing the following:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Personal Email: _____ Cell Phone: _____

How did you hear about Cancer Connection? _____

While we respect the participant's privacy, we ask you to please share as much or as little information as you would like regarding the illness.

Type of cancer: _____

Type of treatment (chemo, radiation, etc.): _____

Specific prayer requests (upcoming tests, surgery, etc.): _____

In addition to prayer, please select the type of support desired from the list below:

Cards Text Messages

Favorite color(s): _____

Activities or Interests/Sports Team (optional): _____

Birthdate (day and month) of participant: _____

Please Note: We ask the participant, or his or her designated contact listed below, to communicate with *Cancer Connection* once a month to confirm support is still needed and desired.

Some participants prefer to designate a person who will notify *Cancer Connection* if support is still desired. In this case, please provide the following information of the person who will contact the ministry monthly.

Name of Contact: _____

Phone: _____ Personal Email: _____

Relationship to Participant: _____