

Donald W. Reynolds Cancer Support House Volunteer Information Sheet

Date _____

Date of Birth _____

Name _____

Mailing Address _____

Daytime Phone No. _____ Evening Phone No. _____

Cell Phone No. _____ Email: _____

Occupation _____ Employer _____

Tell us about your volunteer work experience

Do you have any training or education that might benefit any of the following volunteer positions?

- Educational programs relating to cancer (your degree) _____
- Nutritional Programs
- Licensed Dietitian
- Cooking
- Hostess for programs
- Relaxation/Yoga/Tai Chi disciplines
- Wigs, Turbans
- Other (explain) _____
- Office Experience
- Typing

Do you have skills or interests. Other than what was mentioned, that you feel would benefit cancer patients and their families? _____

Do you have any physical limitations on the type of work you could do here?

Yes _____ No _____

Please list _____

Availability

Would you prefer?

Morning hours from 9:00 am to 1:00 pm

Afternoon hours are 12:00 noon to 5:00 pm

If you do not want a weekly schedule, what is your preference? _____

Number of hours? _____ Weekly? _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings	_____	_____	_____	_____	_____
Afternoons	_____	_____	_____	_____	_____

Please list three references

1. _____ Phone No. _____

2. _____ Phone No. _____

3. _____ Phone No. _____

Emergency Contact

Name _____ Phone No. _____

Please Sign _____

Please return to the Donald W. Reynolds Cancer Support House
3324 South M Street
Fort Smith, AR 72903

800-262-9917 or 479-782-6302