



All Shades of Pink

Helping Families Fight Breast Cancer

VOLUNTEER APPLICATION

Thank you for your interest in volunteering. PLEASE PRINT your responses to the items on this form and fax it (1-866-800-0303) or mail it to the VOLUNTEER COORDINATOR, All Shades of Pink, Incorporated, P.O. Box 501, Glenn Dale, MD 20769. This information is confidential and will be for All Shades of Pink, Incorporated use only.

Mr./Mrs./Ms./Miss LAST NAME: _____ First Name: _____

STREET: _____ CITY: _____ STATE: _____

ZIP: _____ TELEPHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ Best time to call: morning afternoon evening

Birth date: Month _____ Day _____ Social Security No. _____

Do you need volunteer hours to satisfy "community service" requirements, particularly violation of an offense?

Yes No If yes, please provide date(s) and details _____

ANSWERING "YES" TO THIS QUESTION DOES NOT CONSTITUTE AN AUTOMATIC BAR TO PARTICIPATION. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND THE VOLUNTEER ASSIGNMENT WILL BE TAKEN INTO ACCOUNT.

Highest level of education completed:

High School Some College College Degree Technical Post Graduate Presently in school
 Other _____

In case of emergency, local contact: Name: _____

Relationship: _____ Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone/Beeper #: _____

Availability to volunteer: Year round: Seasonal Specific months available: _____

Days of the week you are available: **M | TU | W | TH | FR | SAT | SUN** (Circle all that apply)

Time of day available: AM PM EVENING No. of hours per day: _____

Are you a breast cancer survivor? Yes No

Did you have a Friend/Relative who is/was diagnosed with breast cancer? Yes No

If yes, what was the relationship? _____



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JOB DESCRIPTION for the VOLUNTEER

TITLE: Volunteer

SUPERVISED BY: Volunteer Coordinator

POSITION DESCRIPTIONS:

(Please check your volunteer position)

Comfort Blanket Volunteer

Volunteers will create comfort blankets for breast cancer patients at our partnered hospitals. Blankets will be made according to dimensions, yarns and colors outlined in the sample blanket pattern(s) provided to the volunteer.

Administrative/Clerical Volunteer

Volunteers will assist with administrative/clerical functions such as filing, copying, mailing, special office projects.

Special Service Volunteer

The volunteer will provide support and assistance in planning, organizing and staffing special events, health fairs/expos, volunteer recruitment, hospitality and committee work.

QUALIFICATIONS: Volunteers should have an interest in helping others and the emotional maturity to handle interaction with other members, staff members and the public we serve.

REQUIREMENTS: Volunteers must fill out and submit a volunteer application and participate in a twenty (20) minute interview.

Volunteer Signature/date

Volunteer Coordinator Signature/date



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VOLUNTEER CONFIDENTIALITY STATEMENT

The volunteer is our most important asset at All Shades of Pink. Working as a volunteer, you may be privy to information concerning clients and their families. This information is given in confidence and trust in order to effectively assist the client and family at a difficult time.

All information acquired by a volunteer, including a client's name, address, treatment, doctor's name, or any information given by the client, including, but not limited to, information concerning the client, the family, friends, or concerns related thereto, is to be held in the strictest confidence. This information can and should be shared directly with the ASOP staff.

Failure to comply with this agreement will result in immediate termination of the volunteer's association with All Shades of Pink, Incorporated.

I, _____, understand the
Please Print Full Name

Confidential nature of the information I may receive during the course of my duties. I understand that such information belongs to the client and, as such, must not be disclosed, except as set out above, for any purpose other than that required of the performance of my regular duties.

I have read and understand the aforementioned information and I agree to follow the agreement.

Signed: _____ **Date:** _____

Witness: _____ **Date:** _____