

Stewart's Caring Place
2955 West Market Street
Suite R.
Akron, Ohio 44333



Stewart's
CARING PLACE
CANCER WELLNESS CENTER

330-836-1772
www.stewartscaringplace.org
Mail to:
jacqui@stewartscaringplace.org

VOLUNTEER

APPLICATION

Thank you for your interest in volunteering. Please complete all sections and return this application at your earliest convenience so that your interview process can begin.

Today's Date: _____ Date Received (Office Use) _____

Name: (please print) _____ Spouse Name: _____

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

Birth Date: _____ Gender: M F E-mail: _____
(mm/dd)

Home phone: _____ Cell phone: _____ Work phone: _____

Education: Circle last school year completed: 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Area of Study _____

Vocational/ Other: _____

Occupation: _____

Place of Employment: _____ Retired? Y N

Professional/Personal skills, training or interests you could bring to Stewart's Caring Place:

Please note your availability to volunteer:

_____ Days _____ Evenings _____ Weekends Other: _____

PLEASE INDICATE YOUR AREAS OF INTEREST:

- | | |
|---|--|
| <input type="checkbox"/> Baking | <input type="checkbox"/> Garden |
| <input type="checkbox"/> Children's Programming | <input type="checkbox"/> Greeters |
| <input type="checkbox"/> Clerical Support | <input type="checkbox"/> Library |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Professional Consultation |
| <input type="checkbox"/> Computer (IT Support) | <input type="checkbox"/> Special Events (may include weekends) |
| <input type="checkbox"/> Data Entry | |
| <input type="checkbox"/> Fundraising committee | (over) |

List your previous volunteer experience:

How did you learn about the volunteer program at Stewart's Caring Place?

I, _____, confirm by signing this statement, that I have not been convicted of a crime of child abuse, unlawful sexual behavior or a felony. Furthermore, I grant Stewart's Caring Place permission to acquire any criminal records that I may have incurred.

Applicant's Signature: _____ **Date:** _____

I understand that the completion of this application does not indicate whether any positions are currently open and it does not obligate Stewart's Caring Place to extend an association. I understand that the application, interview, reference check and placement process are required of all volunteer applicants and are in no way a contract to volunteer service or promise of future volunteer services. I, the undersigned, state that all information completed is true. I authorize SCP to verify the information by any means necessary.

Applicant's Signature: _____ **Date:** _____

Attached is a form to be completed by your references and returned before you volunteer at Stewart's Caring Place.

References: (No Relatives Please)

(Name)	(Phone Number)	(Relationship)
(Name)	(Phone Number)	(Relationship)

Person to Contact in the Event of an Emergency:

NAME: _____ PHONE: _____ RELATIONSHIP: _____

If emergency contacts cannot be reached, Stewart's Caring Place reserves the right to seek medical assistance at the nearest medical facility and will be held harmless in all legal and financial issues that may arise from this decision.

Stewart's Caring Place does not discriminate on the basis of race, color, religion, gender, age, nationality, sexual orientation or disability in employment, services, programs or activities.



Volunteer Reference Form

Dear _____,

I wish to become a volunteer at Stewart's Caring Place and would appreciate your completing this reference form on my behalf. Stewart's Caring Place is a Cancer Wellness and Educational Resource Center that provides emotional, social, physical, educational and spiritual support to individuals and families touched by cancer. It is a local non-profit organization that collaborates with the medical community, the American Cancer Society and other resource groups to promote wellness. All services provided are free to anyone experiencing a cancer journey. Stewart's Caring Place relies on its volunteers and places only the highest quality volunteers. I would appreciate your honest opinion of my suitability for a position in this organization. I hereby waive my right to see this reference form.

Thank you very much for your assistance and prompt response.

Volunteer Candidate Signature

Date

Please return this form in the enclosed envelope within one week to:

Volunteer Services, Stewart's Caring Place, 2955 West Market Street, Suite R, Akron, Ohio, 44333.

1.) In what capacity do you know this Volunteer?

2.) Would you recommend this candidate for a volunteer position at Stewart's Caring Place? Y N
If No, Please Explain Why:

3.) Do you know of anything that might limit this candidate's ability to volunteer?

(over)



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