

Volunteer Information Form

Cancer Services

505 E. Perkins Avenue Sandusky, OH
(419) 626-4548

Name: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

Date of Birth: Day _____ Month _____

Hours you are available:

Monday	Tuesday	Wednesday	Thursday	Friday

Would you like to volunteer on the weekend, if we have a special event? _____ yes _____ no

What type of volunteer work would interest you?

_____ Office/clerical, making copies, answering telephone, making telephone calls, misc. paperwork.

_____ Processing Newsletter: Get our newsletter ready for mailing: folding, stamping, stapling, and sorting.

_____ Greeting the public at Health Fairs

_____ Inventory medical equipment and supplies, painting and cleaning of office.

_____ Hopeline: a caring and supportive person, providing telephone support and encouragement to cancer patients.

_____ Delivery or pickup of items for office.

_____ Delivery or pickup of items for Patients.

_____ Transport patients to medical appointments _____ local _____ out of town.

_____ Patient assistance: Calling patients to follow up on their additional needs.

_____ Tobacco Free Program: Giving presentations to area school children on the hazards and effects of tobacco use.

_____ M.A.C. Men Against Cancer Support Group

_____ Gardner

_____ Fundraiser

Please list any limitations that need to be considered:

Emergency contact _____
Name Address Phone