

Volunteer Application

Colorado Ovarian Cancer Alliance – attn: Volunteer Program
2465 Sheridan Blvd., Denver, CO 80214
phone 303-506-7014 - toll free 1-800-428-0642 - fax 1-866-517-0215

Contact Information

Today's Date			
Name			
Street Address			
City, State Zip Code			
Home and cell phone	Home:	Cell:	
Work Phone			
E-Mail Address			
What is your preferred method of contact?–	Please check all that apply Home phone___ Cell phone ___ Work phone___ Email___ Mail___		

Availability *Please check all that apply and circle the days of the week you are available*

What hours/days are you available for volunteer assignments?

- Weekday mornings (M T W TH F) Weekend mornings (Sat, Sun)
 Weekday afternoons (M T W TH F) Weekend afternoons (Sat, Sun)
 Weekday evenings (M T W TH F) Weekend evenings (Sat, Sun)

Interest in volunteering with COCA? *Please check all that apply*

- Ovarian Cancer Survivor
 Family or Friend affected by ovarian cancer
 Healthcare Provider interested in ovarian cancer
 Other _____

What volunteer position(s) interest you? *Please check all that apply*

- Advocacy & Education Volunteer:** Assist in raising awareness and educating the community about ovarian cancer symptoms.
 Special Events Volunteer: Assist with various tasks involved with COCA fundraising events.
 Jodi's Race/Walk Volunteer: Assist with planning, preparing and/or staffing of annual race/walk event.
 9Health Fair Volunteer: Increase awareness on ovarian cancer during the month of April. Assist in setting up, handing out literature and staffing the table during the events. Training is provided.
 Survivors Teaching Students: Survivors putting a face on this illness by sharing their stories with medical and nursing students at the University of Colorado Health Sciences Center. Training Provided.
 Support Services Volunteer: Assist with distribution of fliers to the medical community about COCA's support services programs.

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. *Please check all that apply*

<input type="checkbox"/> Office skills	<input type="checkbox"/> Grant writing
<input type="checkbox"/> Computer skills	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Bilingual	<input type="checkbox"/> Special event planning
<input type="checkbox"/> Communication/Marketing	<input type="checkbox"/> Lobbying/Legislative background
<input type="checkbox"/> Medical background	<input type="checkbox"/> Program development/Management
Other: (Please describe)	

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name		
Street Address		
City, State Zip Code		
Phone	Home or cell	Work
E-Mail Address		

Agreement and Signature

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. Furthermore, my signature below provides my authorization to Colorado Ovarian to conduct driver license and motor vehicle record checks as needed, as well as reference checks to determine my suitability for placement.

I understand that as a volunteer, I may become privy to confidential information about the Colorado Ovarian Cancer Alliance. I agree to maintain the confidentiality of any information marked "confidential" as well as any information about the Colorado Ovarian Cancer Alliance's internal procedures, business operations, personnel information and the like that is not otherwise publicly disclosed by the Colorado Ovarian Alliance. I will not use any confidential information in any manner that would be detrimental to the Colorado Ovarian Cancer Alliance, and I will avoid any actions that might impair the reputation of the Colorado Ovarian Cancer Alliance.

I HAVE READ THE ABOVE WAIVER OF LIABILITY AND CONFIDENTIALITY AGREEMENT, I UNDERSTAND IT AND WITH MY SIGNATURE I AGREE TO ALL OF ITS TERMS AND CONDITIONS.

I hereby release all parties from any liability for furnishing this information.

Name (printed)	
Signature	
Date	

Our Policy

Colorado Ovarian Cancer Alliance acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex or marital status.

Thank you for completing this application form and for your interest in volunteering with us.