



# VOLUNTEER APPLICATION

We request a six-month commitment. If you cannot make this commitment, please do not apply.

Please print and complete the following form. Make a copy for your records, and mail the original to the address at the bottom of page 2. Follow the directions for the Volunteer Reference forms that follow.

Name \_\_\_\_\_

Contact info: Home phone \_\_\_\_\_  **Please check the best way to contact you.**

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_  OK to text this number

E-mail address \_\_\_\_\_

Street address \_\_\_\_\_  
 \_\_\_\_\_

Date of birth \_\_\_\_\_ How long have you lived in the local community? \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Why are you interested in volunteering at Huntsman Cancer Institute?

What do you hope to gain from your volunteer experience?

What are your talents, skills, and experiences relevant to a volunteer position at Huntsman Cancer Institute?

What days and times are you available?

Please list your previous volunteer experience.

Agency and Address	Dates of Service	Name of Volunteer Manager	Phone Number

**May we contact previous volunteer managers?**  Yes  No

Please list your educational background (high school diploma, college, other training).

School	Years Attended	Degree or Certificate

Please list your employment background.

Employer and Address	Dates of Service	Name of Supervisor	Phone Number

May we contact previous employers?  Yes  No

Do you have any physical or emotional limitations? (We ask that volunteers allow at least one year to pass after losing a loved one to cancer or experiencing cancer themselves.)

How were you referred to us?

Have you ever been convicted of an offense other than a minor traffic violation?  Yes  No  
If yes, please explain.

I hereby certify that the information above is true and accurate, to the best of my knowledge.

Print name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Please mail this application to: Huntsman Cancer Institute  
Attn: Volunteer Services  
1950 Circle of Hope  
Salt Lake City, UT 84112

We must receive recommendations from **two persons who are not members of your family**. After you have written your name in the first blank of the two forms on the following pages, please give printed copies to the two persons from whom you are requesting recommendations. They will complete the forms and mail them to us separately.



## VOLUNTEER RECOMMENDATION

To whom it may concern:

\_\_\_\_\_ has applied to become a volunteer at Huntsman Cancer Institute and has requested that you provide a personal recommendation.

The mission of Huntsman Cancer Institute is to understand cancer from its beginnings, to use that knowledge in the creation and improvement of cancer treatments, to relieve the suffering of cancer patients, and to provide education about cancer risk, prevention, and care.

We strongly believe that volunteers play an integral role in providing excellent patient care. Therefore, our department is committed to selecting individuals whom we feel will interact with patients and families in a caring and responsible manner. For this reason, we require personal references for each potential volunteer.

Please complete the following questionnaire within the next seven days, because applications cannot be considered until we have your recommendation in hand. When you have filled out the form, please mail it directly to this address:

Huntsman Cancer Institute Volunteer Services  
1950 Circle of Hope  
Salt Lake City, Utah 84112

Thank you for your help!

How long have you known the applicant named above?

\_\_\_\_\_

In what capacity?

\_\_\_\_\_

Please describe the applicant's reliability, self-motivation, and ability to make a commitment to this volunteer position.

\_\_\_\_\_

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\_\_\_\_\_

Would you recommend this person for a volunteer position working directly with cancer patients at

Huntsman Cancer Institute?

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Is there anything about this person's values or behavior that would be of concern in considering him or her for a volunteer position at Huntsman Cancer Institute?

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Please include any additional comments you may have.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Phone Number \_\_\_\_\_

**All information you provide will remain confidential. Thank you again for your help.**

Huntsman Cancer Institute  
Volunteer Services  
1950 Circle of Hope  
Salt Lake City, Utah 84112  
801-581-7169



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Thank you for your help!

How long have you known the applicant named above?

\_\_\_\_\_

In what capacity?

\_\_\_\_\_

Please describe the applicant's reliability, self-motivation, and ability to make a commitment to this volunteer position.

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Would you recommend this person for a volunteer position working directly with cancer patients at Huntsman Cancer Institute?

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

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