



## Individual Volunteer Registration Form

Today's Date: \_\_\_\_\_

### Personal Information (Please Print Legibly)

All contact information is confidential. We do not disclose any information to other organizations or individuals.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ \*Parent/Guardian Name: \_\_\_\_\_  
\*(required for 17 and under)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

If you have volunteer experience, please tell us where: \_\_\_\_\_

### Emergency Contact Information (Required)

Emergency Contact (not accompanying you today): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Additional Information/Availability

When are you able to volunteer (circle all):

Monday			
Tuesday		Saturday	Morning
Wednesday		Sunday	Afternoon
Thursday			Evening
Friday			

Are you a student volunteering to fulfill a certain amount of community service hours? Yes No

Name of School: \_\_\_\_\_

Number of hours needed: \_\_\_\_\_ Deadline to complete required hours: \_\_\_\_\_

### Interests/Qualifications

Please circle volunteer areas of interest and indicate your special skills:

Adobe Illustrator	Grant Writing	MS Publisher	Outreach (e.g., staff info. table at area health fairs and community events)
Adobe InDesign	Human Resources	MS Word	Social Media Skills
Adobe Photoshop	IT	Nursing	Social Work
Building Maintenance	Support4Families	Photography	Telephone Skills
Database	Landscaping/Gardening	Program (e.g., assist w/ food prep at Healthy Cooking classes)	Writing Skills
Finance/Accounting	MS Excel		
General Office	MS PowerPoint		

Fluent in a language other than English: \_\_\_\_\_

Physical/Medical Limitations: \_\_\_\_\_

## Waiver and Release

**Permission – Use of Photos/Video:** I hereby give permission to use, and/or publish individual and group photographs, films and videos of me or my child through any medium for promotional or other uses furthering the mission of Cancer Support Community Central New Jersey (CSCCNJ), including use on the CSCCNJ website.

### Volunteer Confidentiality:

- *Purpose:* The Cancer Support Community Central New Jersey Volunteer Confidentiality Policy defines and describes the management of confidential information for individuals volunteering at the Cancer Support Community Central New Jersey (CSCCNJ).
- *Philosophy:* We believe that donor information, as well as participant information, is confidential. We believe that every safeguard should be taken to ensure that both the donor and the participant information is kept confidential. This includes all communications (written and verbal), observations, and information about or between participants, staff, volunteers, visitors, and board members of the Cancer Support Community Central New Jersey. We do not sell the mailing list or provide mailing lists directly to any corporate partners or other nonprofit organizations.
- *Responsibilities and Guidelines:* All volunteers shall keep confidential and shall not, without the express written consent of CSCCNJ's Executive Director or Board of Trustees Executive Committee, disclose to any person or organization any information regarding donations received by CSCCNJ or any CSCCNJ financial business information. All volunteers shall keep confidential and shall not disclose to any person or organization any identifying information regarding participants in CSCCNJ programs.
- *Procedure:* All volunteers shall sign a copy of this policy. It will be maintained on file by the Cancer Support Community Central New Jersey Administrative Assistant.

**Volunteer Agreement:** In signing this liability waiver, I certify that I am a willing participant in the Cancer Support Community Central New Jersey volunteer program. I agree to work according to instructions I receive. I agree to behave in a responsible manner. I agree to perform only work that I feel comfortable in doing and that I feel I can accomplish safely. I agree I am wearing clothes and shoes that I believe will provide protection according to work conditions.

I understand that if I have provided false or misleading information, I acknowledge that Cancer Support Community Central New Jersey may terminate any volunteer assignment immediately. I also understand that by submitting this application, I am authorizing those persons named as references to provide information related to my capabilities/skills, character traits or other personally identifiable information for the purpose of assisting me in obtaining a volunteer position.

**Acknowledgement and Assumption of Risk:** I, the undersigned, understand that volunteerism at Cancer Support Community CNJ may involve physical labor, such as lifting and working with tools, and handling food products. I hereby release, discharge, waive and relinquish all claims, liabilities and damages I may sustain from bodily injury, personal injury or property damage and hold harmless the Cancer Support Community CNJ, its officers, directors, employees and agents.

**Consent:** I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies, which may otherwise be available to me regarding any losses I may sustain as a result of my participation.

I acknowledge having read and understood the above consent form on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

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

\_\_\_\_\_  
Street Address, City, State, Zip Code

**Parental Consent (required of all volunteers 17 years of age or younger):** I, the undersigned, as the parent or guardian of the child/children named here in, do hereby agree to the above consent, waiver and release of liability agreement above and allow my child/children to participate as a volunteer for the Cancer Support Community CNJ.

\_\_\_\_\_  
Signature of Parent/Guardian Date: \_\_\_\_\_

*Opportunities for volunteers are provided without regard to race, religion, national origin, gender, age or disability.*

Please return form (by mail) to Chris Walker, Cancer Support Community CNJ, 3 Crossroads Drive, Bedminster, NJ 07921, (by e-mail) to [cwalker@cancersupportcnj.org](mailto:cwalker@cancersupportcnj.org) or (by fax) to 908 658 5404.