

<p><b>For office use:</b>  References: 1 _____ 2 _____  Police Clearance Noogieland _____  Training session attended _____  Entered in Database _____</p>
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# Volunteer Application

*Please complete the following information and return it to:  
Gilda's Club; 255 Alexander Street Rochester, NY 14607*

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City & Zip

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Work Phone

\_\_\_\_\_

Cell Phone

\_\_\_\_\_

Email

\_\_\_\_\_

Place of Employment

\_\_\_\_\_

Position

\_\_\_\_\_

Emergency Contact Person and phone #

**Special Skills or Talents** – List anything you'd like us to know about you.

❖ **Community Connections** – List other organizations in which you are involved.

❖ **Professional Credentials** – Please list any information which may be helpful for us to know.

❖ **Other pertinent info** – List any additional info about you that will help us utilize your skills and talents the best way possible, including your personal cancer connection or why you desire to be involved with Gilda's Club.

**AVAILABILITY**

	Mon	Tues	Wed	Thurs	Fri	Sat
Days - 9am-4pm						
Early Evenings-4pm-6pm						
Nights – 6pm-9pm						

**AREAS OF INTEREST**

**Program Team**

- Program Support
- Goodie Gang
- Workshop Facilitation

**Noogieland Team (Children’s Programming)**

- Family Days
- Noogie Nights
- Camp Open Arms

**Development Team**

- Phone calls
- Newsletters
- Grant writing
- Community Outreach
- Guest speaking/presenting

**Clubhouse Team**

- Greeters
- Answer Phones
- Library
- Mailings
- Set up & Tear down for functions
- Outdoor cleanup

**Mental Health Professionals**

- Group Facilitation
- Membership Plans
- New Member Meetings

**Fundraising Events**

- Heroes Ball
- Gilda’s Gang Marathon Program
- Surviving in Style Fashion Show
- Comics Against Cancer

**REFERENCES (one personal & one professional preferred)**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

**PERSONAL INFO**

**Are you a survivor or family member survivor?**

- Yes; Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- No

**Birth Date\*:** \_\_\_\_\_

**\*This information is used for Police Clearance purposes.**

**READ AND SIGN**

Have you previously been convicted of a felony? \_\_\_\_\_

If yes, please indicate on a separate sheet of paper the convictions, dates and circumstances.

Have you ever been arrested for child abuse or a sexual offense? \_\_\_\_\_

I hereby authorize the appropriate police agencies to release information on any file record in my name pertaining to child physical or sexual abuse.

I certify that all information given on this volunteer application is true, complete, and correct.

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

**VOLUNTEER CONFIDENTIALITY AGREEMENT**

This agreement applies to all volunteers associated with and/or involved in the activities or affairs of Gilda's Club Rochester.

All data, materials, knowledge and information generated through, originating from or having to do with Gilda's Club Rochester is considered privileged and confidential and is not to be disclosed to any third party. All pages, forms, information, designs, documents, printed matter, policies and procedures, conversations, messages, resources, contacts, e-mail lists, email messages, member or staff information is confidential and sole property of Gilda's Club Rochester.

This also includes, but is not limited to, any information of, or related to, our staff, members, operations and activities. This privilege extends to all forms and formats in which the information is maintained or stored, including, but not limited to hardcopy, photocopy, microform, automated and/or electronic form.

Any disclosure, misuses, copying or transmitting of any material, data or information, whether intentional or unintentional, will subject you to disciplinary action.

My signature signifies I agree to these terms and will abide by, adhere to and honor all of the above.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date