



# Children's Chance Volunteer Form

Thank you for agreeing to volunteer your time for Children's Chance (CC) and families facing pediatric cancer. We are asking all volunteers to complete the following form for our records.

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

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

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Work phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Why are you interested in becoming a volunteer for Children's Chance?

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**Children's Chance works hard to involve all community members. *Please check which apply.***

Parent of a child with cancer \_\_\_\_\_

Sibling of a child with cancer \_\_\_\_\_

Survivor of childhood cancer \_\_\_\_\_

Caregiver of a child with cancer \_\_\_\_\_

Community Member \_\_\_\_\_

Past board member \_\_\_\_\_

**What area(s) would you like to contribute your skills and knowledge?**

\_\_\_ Presentations on how CC assisted you and your family

\_\_\_ Assist in the CC office

\_\_\_ Assist with planning of a fundraiser

\_\_\_ Assist in locating corporate and/or individual donors

\_\_\_ Assist in a Keys to A Cure™ Key Drive

\_\_\_ Join a CC Committee

**How much time can you volunteer to Children's Chance? *(please answer one)***

Per Week \_\_\_\_\_ Per Month \_\_\_\_\_ Per Year \_\_\_\_\_

Please list any board memberships, community and philanthropic activities, club memberships, etc.:

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Please feel free to share personal information.

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Recommended by \_\_\_\_\_

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

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