



VOLUNTEER APPLICATION

Thank you for your interest in the Colon Cancer Alliance (CCA). Our impact as an organization is directly linked to the quality and dedication of our volunteers. Help us increase colon cancer survivorship and screening rates!

Upon review of your application, a member of our volunteer team will contact you within 10 business days. Questions regarding this application can be directed to Andrea Clay, Associate Director of Field Development, at aclay@ccalliance.org.

Complete this form and send it to:

- E-mail: info@ccc Alliance.org or
- Regular mail: Colon Cancer Alliance, 1200 G Street NW, Suite 800, Washington DC 20005.

Last Name: _____ First Name: _____ Middle Name/ Initial: _____

Street Address: _____ City/State/Zip: _____

Phone Number/ Best Availability: _____ (Circle cell, home or work)

Alternate Phone Number/ Best Availability: _____ (Circle cell, home or work)

Date of Birth: _____ E-Mail address: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____ Relationship: _____

Please indicate the best times to contact you. _____

Please indicate if you are fluent in a language other than English. _____

Please tell us why you are interested in being a volunteer with the CCA.

Please describe your particular interests, skills or knowledge that relates to volunteering.

If you have experienced a personal loss within the last two years, the CCA highly encourages a waiting period of 6 months to allow for the processing of grief prior to becoming a volunteer. Please describe your personal loss.



Check the areas of volunteer work most interesting to you.

- | | | |
|---|---|---|
| <input type="checkbox"/> Buddy Program
<i>(Peer to Peer Support)</i> | <input type="checkbox"/> Media Advocacy | <input type="checkbox"/> Publication or Web Writing |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Political Advocacy | <input type="checkbox"/> Voices Ambassador
<i>(Community Outreach)</i> |
| <input type="checkbox"/> Health Fair Volunteer | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Voices Chapter Officer |

Other Skills/Interests: _____

Do you have any interest in attending trainings and capacity building seminars offered by CCA? Yes _____ No _____

What type of training would you like to receive?

- | | |
|--|---|
| <input type="checkbox"/> CCA Signature Programs Overview | <input type="checkbox"/> Grief Support |
| <input type="checkbox"/> Colorectal Cancer Overview: Prevention to Treatment | <input type="checkbox"/> Marketing and Media Training |
| <input type="checkbox"/> Empathetic Listening & Communication Skills | <input type="checkbox"/> Outreach – Partnerships & Programs |
| <input type="checkbox"/> Fundraising & Grant Writing | <input type="checkbox"/> Role of the CCA Volunteers |
| <input type="checkbox"/> Other: _____ | |

What business/corporate/community relationships do you have that might help you achieve our mission? (e.g. connections to hospitals, wellness centers, nonprofits, health care providers, religious communities, educational institutions, etc.)

Have you ever filed a volunteer application with the CCA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date if Yes:
I give my permission for the CCA to conduct a clearance check.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Professional and Personal References (other than family):

1) Name:	2) Name:
Relationship:	Relationship:
Address:	Address:
Telephone:	Telephone:



- I certify that all statements made on this form are true, complete and correct. I authorize you to contact the references provided. I understand that any false information on this application will be cause for removal as a volunteer.
- I also understand that I must complete volunteer training before being given an assignment. I am willing to participate in The CCA's ongoing in-service activities for volunteers.

Applicant's Signature: _____ Date: _____

Date References Checked: (1) _____ (2) _____ **Date Clearance Checked:** _____

Note:

All information you provide will be kept confidential. We welcome applicants for all positions without regard to age, color, creed, disability, handicap, height, weight, marital status, national origin, race, religion, sex, sexual preference, or liability for service in the armed forces.



Volunteer Letter of Agreement

I hereby verify that, to the best of my knowledge, the above information is accurate. I recognize that as a CCA volunteer, I am a representative of the Colon Cancer Alliance, and I will follow the guidelines set forth by the said organization.

I wish to volunteer for the Colon Cancer Alliance. I understand that the nature of volunteer activities that I may perform in my capacity as a volunteer may involve physical activity, contact with unidentified and/or unfamiliar persons, or other activities which pose the potential risk of bodily injury or damage to property. Knowing this and for valuable consideration, I hereby assume full and complete responsibility for any personal injury and/or property damage that I may sustain or cause during my participation as a CCA volunteer. In addition, I hereby release, hold harmless, agree to indemnify and covenant not to file any lawsuit against the Colon Cancer Alliance and any of its employees, volunteers, partners, agents, sponsors, board members and/or successors from, for or arising out of any and all losses, liability or claims I may have arising out of my service as a volunteer.

I understand that, as a volunteer, I may become privy to confidential information about the Colon Cancer Alliance. I agree to maintain the confidentiality of any information marked "confidential" as well as any information about the Colon Cancer Alliance's internal procedures, business operations, personnel information, client or member lists, manuals, brochures, guidelines, directives, memorandum, donor lists or other confidential information and the like that is not otherwise publicly disclosed by the Colon Cancer Alliance. I will not use any confidential information in any manner, except as authorized by the Colon Cancer Alliance and will not disclose any confidential or non confidential information that would or could be detrimental to the Colon Cancer Alliance. I will avoid any actions that might impair the reputation of the Colon Cancer Alliance.

I further understand that I am not an employee of the Colon Cancer Alliance, nor an employee in fact or at law. I further understand that I am not an independent contractor, but rather I am a volunteer. I understand that I have no rights or claims to be a volunteer and the Colon Cancer Alliance, in its absolute and sole discretion, shall have the right to end my involvement with the Colon Cancer Alliance at any time. I agree that upon ending my relationship with the Colon Cancer Alliance, I will return all materials which belong to or relate to any work performed on behalf of the organization. I further agree that any materials I create while volunteering for the Colon Cancer Alliance are the property of the organization, and I shall have no rights to retain or duplicate those materials without the express written permission of the Colon Cancer Alliance.

I agree with the terms of the above waiver. Please note: If you are under 18, only a parent/guardian is allowed to accept this waiver.

Signature

The CCA will contact you within ten business days of receiving this application. Questions regarding this application can be directed to Andrea Clay, Associate Director of Field Development, at aclay@ccalliance.org.

Thank you for your interest in becoming a CCA volunteer!