



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!

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

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number/Best Availability: _____ cell home work

Alternate Phone Number/Best Availability: _____ cell home work

Date of Birth: _____ E-mail Address: _____

Please indicate the best times to contact you: _____

What other languages do you speak? _____

What is your connection to colon cancer?
 Survivor Healthcare professional Family member Friend Other _____

How would you like to get involved? Please check all that apply.

2011 CCA Volunteer Projects

- Dress in Blue Day – March
- Cause Marketing Letter Campaign – Late Spring
- Primary Care Physician Outreach – Fall

Year-Round Projects

- Buddy Peer-to-Peer Program
- Represent the CCA at a local or national health fair or trade show
- Undy 5000 – City: _____
- Fundraise to benefit:
 - Spanish Outreach Program
 - Blue Note Fund
 - Support and Awareness Programs
- Other Skills/Interests: _____

Please mail your completed form to:

The Colon Cancer Alliance
1025 Vermont Ave, NW
Suite 1066
Washington, DC 20005

For questions regarding
volunteering, please call
(202) 628-0123
or email info@ccalliance.org

Have you ever been convicted of a felony? Yes No
If yes, please explain:

I give permission for the CCA to conduct a police clearance check. Yes No

I certify that all statements made on this form are true, complete, and correct.

Applicant's Signature: _____ Date: _____

Note: All information you provide will be kept confidential. We accept 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.