

Volunteer Program Application

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____
(Area Code) (Area Code)

Fax Number: _____ Email Address: _____
(Area Code)

How did you hear about us? _____

I am interested in volunteering at: Appearance Center
 Resource Library Wellness Center
 Office Volunteer Special Events

The following volunteer positions require specific skills and additional training.

Oncology-Patient Representative Phone Volunteer
 Surgery-Patient Representative (breast cancer patients only)

Briefly describe the work you do: _____

What motivates you to become involved with the Foundation? _____

How many hours per week would you be available? _____

What days of the week are best for you? _____

Daytime? _____ Evenings? _____ Other: _____

Do you speak a foreign language? _____

Special talents or skills? _____

Comments: _____

Signature: _____ Date: _____

Please return completed form to: The Cordelia Knott Wellness Foundation
230 South Main Street, Suite 100
Orange, CA 92868