

OVARIAN CANCER ALLIANCE OF FLORIDA

Volunteer Application

Contact Information

Name	
Street Address	
City, State, Zip	
Home Phone	
Work/Cell Phone	
E-mail Address	

Availability (During which hours are you available for volunteer assignments?)

Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings
 (Evenings and weekends are typically for special events (fundraisers, health fairs, etc.))

Interests (What would you like to do? We are approved for Florida Bright Futures.)

Office/Clerical Fundraising Health Fairs
 Patient Advocacy Golf Tournament Runs
 Teal Magnolia Luncheon Girls Just Wanna Have Fun Other

Special Skills or Qualifications (Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.)

Previous Volunteer Experience (Summarize your previous volunteer experiences.)

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy (It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application and for your interest in the work of the Ovarian Cancer Alliance of Florida.)

Return to: 1855 W SR 434 STE 282, Longwood FL 32750-5074