

Date: _____

__Mr. __Mrs. __Ms. Name: _____

Home Address: _____ City/Zip: _____

Home Phone: _____ Email Address: _____

Occupation: _____ Employer: _____

Business Address: _____ City/Zip: _____

Business Phone: _____ Fax: _____

Would you prefer we call you at: __Home __Work? Best time to call: _____

Are you volunteering on behalf of an employer, club, school or other organization?

If so, please specify: _____

How did you hear about Society volunteer opportunities? _____

General Information

The questions in this section are optional and asked only to enable The Leukemia & Lymphoma Society to ensure diversity in the composition of the Volunteer program.

Age:	<input type="radio"/> 20 - 39	<input type="radio"/> 40 - 59	<input type="radio"/> 60+	Gender:	<input type="radio"/> Male	<input type="radio"/> Female
Race/Ethnic background:						
<input type="radio"/> Asian/Pacific Islander	<input type="radio"/> African-American	<input type="radio"/> Hispanic/Latino American				
<input type="radio"/> Native American	<input type="radio"/> Caucasian	<input type="radio"/> Other:				

Relevant Experience

Experience with blood cancers.

Please tell us your experience (include all that apply)

- Parent Other family member None
 Friend of family Professional experience Other:

Have you previously been involved with The Leukemia & Lymphoma Society?

Volunteer Experience

Have you served as a volunteer for other not-for-profit organizations? Yes No

If yes, please provide the names of the organizations and dates of service:

Briefly describe your overall contribution to these organizations:

Skills/Interests

Where do you think your skills, experience and interests would best be utilized?

<input type="checkbox"/>	Finance	<input type="checkbox"/>	Community Out-reach	<input type="checkbox"/>	Marketing & Communications
<input type="checkbox"/>	Special Events	<input type="checkbox"/>	Planning	<input type="checkbox"/>	Services & Quality Assurance
<input type="checkbox"/>	Public Policy/Advocacy	<input type="checkbox"/>	Donor Develop-ment	<input type="checkbox"/>	Other:

Please check if you have experience in any of the following: *(check all that apply)*

<input type="checkbox"/> Medical (MD, RN)	<input type="checkbox"/> Fitness	<input type="checkbox"/> Computer Applications
<input type="checkbox"/> Social Work	<input type="checkbox"/> Special Events Planning	<input type="checkbox"/> MS Word
<input type="checkbox"/> Public Relations	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> MS Access
<input type="checkbox"/> Education	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> MS Publisher
<input type="checkbox"/> Major Donors	<input type="checkbox"/> Bulk Mail	<input type="checkbox"/> Computer Hardware

Other relevant skills you would like us to know about: _____

Areas of interest: *(check all that apply)*

<input type="checkbox"/> General office help	<input type="checkbox"/> Public relations	<input type="checkbox"/> On-Site Help, Special Events
<input type="checkbox"/> Stuffing envelops/mailings	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Community Programs/Health fairs
<input type="checkbox"/> Answering phones	<input type="checkbox"/> Walk events	<input type="checkbox"/> Speaker's Bureau
<input type="checkbox"/> Data entry	<input type="checkbox"/> Golf events	<input type="checkbox"/> Support group facilitator
<input type="checkbox"/> Patient Services	<input type="checkbox"/> Marathon program	<input type="checkbox"/> Wherever needed

Availability

Office hours are 9:00a.m.—5:00p.m., Monday—Friday. Special events and programs may take place on weekends or during evening hours.

I would prefer to volunteer: Weekly Monthly Bi-weekly As needed/On call Ongoing basis Short term basis
(check all that apply)

Best days for me: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

The best time of day for me is: Mornings Afternoons Evenings No preference

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