



-bringing the healing power of music to children battling cancer.

Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work 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

Interests

Tell us in which areas you are interested in volunteering

- Administration
 Special Events
 Field work
 Fundraising
 Deliveries
 Phone bank
 Newsletter production
 Volunteer coordination
 Community Outreach
 Website content
 Informational Booths
 1st Annual Strike Out Childhood Cancer Night (8/8/2009)

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.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

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 form and for your interest in volunteering with us.

Please return via email (Ashley@rockagainstcancer.org), fax 919.929.4327 or mail

Rock Against Cancer

4711 Hope Valley Road

PMB #216

Durham, NC 27707

Contact: Graham Titus (gtitus@email.unc.edu) with any questions.