



Central Georgia Cancer Care

Volunteer Application

Thank you for your interest in volunteering at Central Georgia Cancer Care (CGCC). The mission of the Volunteer Program at Central Georgia Cancer Care is to provide compassionate, supportive, and empathetic assistance to cancer patients, their families, and the dedicated medical staff.

Eligibility

You are eligible to apply if:

- You are age 18 or older
- You are agreeable to and pass a criminal background check
- You are unrelated to a current CGCC employee

Personal Information

FULL NAME:

ADDRESS:

CITY: **STATE:** **ZIP CODE:**

EMAIL: **TELEPHONE:**

Emergency Contact

FULL NAME:

RELATIONSHIP: **TELEPHONE:**



How did you learn about the volunteer program at CGCC?

Why are you interested in becoming a volunteer at CGCC?

Experience & Qualifications: Briefly describe any relevant volunteer or work experience, education, or skills that make you a suitable candidate for volunteering at CGCC.

Is there anything else you would like to share that you believe would be valuable in your role as a volunteer at CGCC?

Volunteer Interests: Please select the areas you are interested in volunteering for at CGCC.

- | | |
|--|---|
| <input type="checkbox"/> Patient Support | <input type="checkbox"/> Fundraising and Events |
| <input type="checkbox"/> Administrative Assistance | <input type="checkbox"/> Other: _____ |



Availability

DATE AVAILABLE TO START: _____

PREFERRED OFFICE

LOCATION & TIME SLOTS:

(Select one or more)

MACON WARNER ROBINS

Morning (8:00 AM – 12:00 PM)

Afternoon (1:00 PM – 5:00 PM)

Other: _____

DAYS OF THE WEEK AVAILABLE:

(Check all that apply)

Monday Tuesday Wednesday Thursday Friday

Have you ever been convicted of a criminal offense and/or are there criminal charges pending against you?

NO

YES *(please explain)*

Do you currently use illegal drugs?

NO YES



References

Please provide two references (name, phone number, email address) who can speak to your character and suitability for volunteering.

FULL NAME: _____

RELATIONSHIP: _____ **TELEPHONE:** _____

FULL NAME: _____

RELATIONSHIP: _____ **TELEPHONE:** _____

BACKGROUND CHECK CONSENT

- YES, I consent to a background check as part of the volunteer application process.
- NO, I do not consent to a background check as part of the volunteer application process.

DISCLAIMER

Applicant understands this is an Equal Opportunity Employer and committed to excellence through diversity. To ensure this application is acceptable, please print and complete the application in full in order to be considered for a volunteer position at CGCC.

I, the applicant, certify that my answers are true and honest to the best of my knowledge. I understand that any false or misleading information in my application or interview may result in my volunteer position being terminated. I also understand that this application does not guarantee a volunteer position, and I am willing to comply with the policies and requirements of the CGCC Volunteer Program.

FULL NAME: _____ **DATE:** _____

SIGNATURE: _____

Please complete and return this application to jobs@centralgacancercare.com