

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

I, the applicant, certify that my answers are true and honest to the best of my knowledge. To be considered for a volunteer position, please print and complete the application in full.

FULL NAME: _____ **DATE:** _____

SIGNATURE: _____

Volunteer Application Submission Instructions:

Please print and complete the volunteer application, then deliver it in person to the Office Manager at your local CGCC location. If you have questions about the process, you may call the office directly.