



**Columbus  
Cancer  
Clinic**

# Volunteer Application

## PERSONAL

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First Work Phone \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_  
Street City State Zip

Current Employer (if employed) \_\_\_\_\_ May we contact you at work?  yes  no

Do you have limitations related to your health? \_\_\_\_\_

Do you have reliable transportation?  yes  no

Contact in case of emergency \_\_\_\_\_  
Name Relationship Phone

## INTERESTS / SKILLS

How did you hear about the Columbus Cancer Clinic? \_\_\_\_\_

Have you volunteered with the Columbus Cancer Clinic before?  yes  no

If yes, what service(s) did you participate in and when? \_\_\_\_\_

Do you have any previous volunteer experience?  yes  no

If yes, please list the organizations and explain your duties. \_\_\_\_\_

Please check area(s) of interest:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Cancer Literature | <input type="checkbox"/> Health Fairs                  | <input type="checkbox"/> Screening Clinic           |
| <input type="checkbox"/> Food Pantry       | <input type="checkbox"/> Home Care Equipment/Inventory | <input type="checkbox"/> Special Events             |
| <input type="checkbox"/> Front Desk        | <input type="checkbox"/> Mammography Mobile            | <input type="checkbox"/> Thanksgiving Meal Delivery |
|  |  | <input type="checkbox"/> Wigs and Prostheses        |

**\*Please refer to the back of this sheet for descriptions of each area of interest\***

All information is accurate and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Your signature indicates your interest in the Volunteer Program at the Columbus Cancer Clinic. The Clinic is not obligated to provide a placement, nor are you obligated to accept the position if offered.

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, sexual orientation or gender.

## AREAS OF INTEREST

### Cancer Literature

File and organize existing materials into each type of cancer; once or twice a month

### Food Pantry

Bag groceries; one hour, one day per week

### Front Desk

Answer the phone and relay calls to the appropriate personnel, greet visitors, register screening clinic and mammography clients and coordinate patient transportation

### Health Fairs

Set up the Clinic display and brochures at the designated location, talk with people who come to the booth and answer questions about the Clinic; during the week and on Saturdays; more frequent in the fall and spring

### Home Care Equipment and Inventory

Take inventory of wigs, organize wig room and clean home care equipment; once or twice a month

### Mammography Mobile

Assist technologist with equipment, review client registration materials and collect fees; one day per month, from 9 a.m. to 2:30 p.m.

### Screening Clinic

Assist nurse practitioner with set up, review registration materials, collect fees at satellite sites, set up educational videos, prepare client information packets and file paperwork; daytime or evening at satellite sites

### Special Events

Assist in the set up, implementation and tear down of events; evenings and weekends

### Thanksgiving Meal Delivery

Pick up meals from the designated food supplier and deliver to residences; November

### Wigs and Prostheses

Wash and style wigs and wash prostheses; once or twice a month

Thank you for your interest in volunteering for the Columbus Cancer Clinic. If you have any questions, please feel free to call (614) 263-5006.



The Columbus Cancer Clinic is provided by LifeCare Alliance.