

** It is CCA's policy that volunteers cannot be a Chemo Pal and a Music Rx Cart Assistant at the same time. Must choose one.*

EMPLOYMENT HISTORY

Job 1 (most recent)

Company name:		Start date:	
		End date:	
Street address:		Supervisor's phone number: ()	
P.O. Box	City:	State:	ZIP Code:

Describe your position and responsibilities:

Job 2

Company name:		Start date:	
		End date:	
Street address:		Supervisor's phone number: ()	
P.O. Box	City:	State:	ZIP Code:

Describe your position and responsibilities:

VOLUNTEER EXPERIENCE

Volunteer Activity 1

Organization:		Start date:	
		End date:	
Street address:		Point of contact:	Organization phone number: ()
P.O. Box	City:	State:	ZIP Code:

Describe your position and responsibilities:

Volunteer Activity 2

Organization:		Start date:	
		End date:	
Street address:		Point of contact:	Organization phone number: ()
P.O. Box	City:	State:	ZIP Code:

Describe your position and responsibilities:

Volunteer Activity 3			
Organization:		Start date:	
		End date:	
Street address:		Point of contact:	Organization phone number: ()
P.O. Box	City:	State:	ZIP Code:
Describe your position and responsibilities:			

REFERENCES

Please list two, non-family personal references below.

Name:	Relationship to applicant:	Home phone no.: ()	Alternate phone no.: ()
Name:	Relationship to applicant:	Home phone no.: ()	Alternate phone no.: ()
For office use only:			

BACKGROUND AND DISCLOSURES

Have you ever been convicted of a criminal offense, including but not limited to DUII, criminal neglect, abuse, or assault? Yes No

If yes, please explain:

Are you currently being charged with any criminal offense, including but not limited to DUII, criminal neglect, abuse, or assault?
 Yes No

If yes, please explain:

Are you on public record as a sex offender or physical abuser? Yes No

Do you use illegal drugs? Yes No

Do you agree to disclose any future convictions or violations? Yes No

Do you have a current driver's license? Yes No

Driver's license number: _____ State: _____

Has your driver's license ever been revoked in this or any other state? Yes No

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I, _____ (please print name), authorize full and complete investigation of my application. This process may include interviewing professional and personal references, criminal history verification, and other relevant processes. I understand that any misrepresentation or falsification of this application shall constitute for rejection or dismissal.

In order to protect the unique nature of the work of the Children's Cancer Association (CCA), I agree to the following: any ideas, improvements, creative work, designs, authored works or discoveries, software, technologies, techniques, processes, products, material, concepts, whether or not patentable or copyrightable, as well as any newly-discovered or newly-applied information or concepts, that relate to or are useful on the actual or anticipated business of CCA, or that were developed in whole or in part on any CCA time or using CCA equipment, are the sole property of CCA. Supplies, facilities or confidential information belong exclusively to CCA. This agreement operates as an actual assignment of all those rights to CCA.

I also hereby agree to regard all information received in the performance of my volunteer work with this organization and/or in the clinic or hospital facilities, both verbal and written as confidential. I understand that this association and/or hospital respects patients' rights with regard to privacy of information and I agree to respect these rights in performance of my volunteer duties and adhere to patient/family confidentiality in all my statements outside the association and hospital.

In addition, I, _____ (please print name), do hereby agree to indemnify and hold harmless the Children's Cancer Association, its employees, volunteers or agents from any and all claims or causes of action that may arise out of performance of my assigned duties as a volunteer. I waive any right I have against the Children's Cancer Association in consideration of my participation as a volunteer for the programs and offices of the Children's Cancer Association. In closing, I agree that my volunteer services are donated to the Children's Cancer Association without contemplation of compensation or promise of future employment.

Signature

Date

CCA is an Equal Opportunity Organization. We select volunteers without regard to ethnicity, gender, national origin, religion, age, education, sexual orientation, mental or physical disability unrelated to job performance.

For office use only: