

Mondays Volunteer Application



mondays at
racine[™]
changing the face of cancer one monday at a time.

CONTACT

Last name: _____ First name: _____ Date of Birth: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ E-mail: _____

Emergency Contact: _____ Relationship: _____ Phone Number: _____

Have you had cancer or a personal connection with a person who had cancer? Yes No
If yes, please briefly share your experience with us (types, dates, treatment).

Please tell us about your qualifications and why you wish to be a volunteer?

VOLUNTEER HISTORY

Please describe any previous volunteer experiences you have had:
(Name of organization, type, role, dates of service, etc.)

WHAT PRINCIPAL SKILLS/EXPERTISE CAN YOU OFFER AS A VOLUNTEER?

- | | | |
|---|---|---|
| <input type="checkbox"/> Administration/ Management | <input type="checkbox"/> Salon and Spa Service Provider | <input type="checkbox"/> Writing/Communication |
| <input type="checkbox"/> Grant Writing/Research | <input type="checkbox"/> Technology | <input type="checkbox"/> Events Facilitation |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Cancer Survivor | <input type="checkbox"/> Marketing/Public Relations |
| <input type="checkbox"/> Board Development | <input type="checkbox"/> Foreign Languages | <input type="checkbox"/> Finance/Accounting |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Networking/Contacts |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Education/Training | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Clinical | <input type="checkbox"/> Legal | <input type="checkbox"/> Political/Government |

Do you have previous fundraising experience? Yes No

If yes, please describe your experience.

Please list any languages you speak other than English: _____

Please list any special skills you'd like to share with us: _____

COMPLETION OF THE FOLLOWING QUESTIONS IS VOLUNTARY.

Mondays at Racine will use the following information for grant and fundraising initiatives for statistical purposes only.

How did you hear about Mondays at Racine? _____

Please Check One (completion is voluntary)

- | | | | |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> African-American | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Southeast Asian | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Other | <input type="checkbox"/> Multi-Racial |

By signing below, I consent for each of my references to be contacted as a personal or professional reference for me to be provided in confidence to Mondays at Racine. I confirm that I have completed the member profile truthfully. I understand that I may be required to attend an orientation meeting and/or training session. If I choose to volunteer, a background check may be conducted.

Signature: _____ Date: _____