



Date: ____/____/____

Application for Volunteer Services

PERSONAL

Name: _____

Address: _____

Preferred Phone Number: (____)_____ Alternate Phone Number: (____)_____

Email Address: _____

In Case of an Emergency Contact Information:

Name: _____

Relationship: _____ Phone Number: (____) _____

EDUCATION

High School: _____

College: _____

Degree: _____

Current Licensure: _____

Certifications: _____

EMPLOYMENT

Name of present or most recent employer:

Please list present or previous volunteer services:

Please list any present or previous oncology experience:



SPECIAL SKILLS

Do you speak a foreign language fluently? Yes No

If so, please list which language(s): _____

Do you have special clerical/computer skills that you would like to use?

Please List: _____

INTERESTS

Please tell us a little bit about your interest in volunteering for Waterford Place:

What areas interest you? (Please check all areas of interest that you are certified in)

Yoga:

Gentle Restorative Chair

Movement:

Resistance Training Flexibility Training Balance Training Tai Chi Qi Gong

Meditation and Mindfulness:

MBSR Guided Relaxation Visualization Progressive Muscle Relaxation

Salon Services:

Wig Fitting Cosmetology

Complementary Therapies:

Reiki Healing Touch Energy Touch Craniosacral Therapy Reflexology

Spa Services:

Facials Massage (Please list and specialty areas of massage such as lymphedema)



Please indicate your availability for volunteer services at Waterford Place (check all that apply):

Morning Afternoon Evening

Which days of the week do you prefer? _____

Other comments on availability _____

REFERENCES

Please list 1 professional reference below:

1. Name _____ Relationship _____

Phone(_____) _____ Email _____

Do you give Waterford Place permission to contact this reference? Yes No