



## CANCER CONNECTION VOLUNTEER APPLICATION FORM

Please save and email completed form as attachment to [info@cancer-connection.org](mailto:info@cancer-connection.org)  
OR print and mail it to: Cancer Connection, 41 Locust St., Northampton, MA 01060

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email(s): \_\_\_\_\_

Relevant Experience and/or Employment (Please attach your resume.) \_\_\_\_\_

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Days and hours available

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**Please check which volunteer activities interest you:**

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Mailings    | <input type="checkbox"/> Event Coordination       | <input type="checkbox"/> Event staffing |
| <input type="checkbox"/> Clerical    | <input type="checkbox"/> Board of Directors       | <input type="checkbox"/> Fundraising    |
| <input type="checkbox"/> Speakers    | <input type="checkbox"/> Grant mining and writing | <input type="checkbox"/> Graphic design |
| <input type="checkbox"/> Thrift Shop | <input type="checkbox"/> Board Committee          | <input type="checkbox"/> Garden         |

Other: \_\_\_\_\_

Please explain why you are interested in volunteering for Cancer Connection:

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Please list other volunteering work you have done:

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Other volunteer commitments

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References (please include their contact information):

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Office Use Only: