

CANCER CONNECTION VOLUNTEER APPLICATION FORM

Please email completed form to info@cancer-connection.org or mail it to
Cancer Connection, 41 Locust St., Northampton, MA 01060

Name _____ Date of Application _____

Address _____ Town _____ Zip _____

Phone _____ H _____ W _____ C _____

Email: _____

Days and hours available _____

Please check which volunteer activities interest you:

___ Mailings ___ Event Coordination ___ Event staffing

___ Clerical ___ Board of Directors ___ Fundraising

___ Speakers ___ Grant mining and writing ___ Graphic design

___ Thrift Shop

___ Other: _____

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

Please list other volunteering work you have done: _____
