



## PROSPECTIVE VOLUNTEER PROFILE SHEET

Date \_\_\_\_\_

Name \_\_\_\_\_ Birthday (Month & day only) \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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

E-Mail \_\_\_\_\_

How did you hear about us?

\_\_\_\_\_

Please provide a character reference whom we may contact:

Reference's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Which Cancer Support Community location is most convenient for you?

Blue Ash \_\_\_\_\_ Ft. Wright \_\_\_\_\_

Which of the following volunteer opportunities would you be interested in?

- |                                      |                                    |
|--------------------------------------|------------------------------------|
| _____ Hospitality Desk               | _____ Calendar/Invitation Mailings |
| _____ Computer/Data Entry            | _____ Office Work                  |
| _____ Community Outreach/Ambassadors | _____ Saturday Program Assistants  |
| _____ Walk/Runs that benefit TWC     | _____ Health Fair Representative   |
| _____ Gardening/Outside Maintenance  | _____ Other                        |

When are you available to volunteer?

Mornings \_\_\_\_\_ Afternoons \_\_\_\_\_ Evenings \_\_\_\_\_ Weekends \_\_\_\_\_

Which days of the week are best for you?

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

Are there certain months/times of year when you are not available? \_\_\_\_\_

Would you be interested in also being placed on the Emergency Sub List (Short notice requests when another volunteer is unable to make their scheduled commitment)? \_\_\_\_\_

Please return this form to:

Volunteer Coordinator, Cancer Support Community  
4918 Cooper Road  
Cincinnati, Ohio 45242  
(513) 791-4060

*Thank you for your interest in Cancer Support Community!*