



PROSPECTIVE VOLUNTEER PROFILE SHEET

Date _____

Name _____ Birthday (month & day only) _____

Street Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

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 _____ NKY _____ Eastgate _____

When are you able 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? _____

What volunteer opportunity are you interested in? _____

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:

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



MEDIA RELEASE FORM

I, _____, the undersigned, hereby consent and authorize the Cancer Support Community to record or re-record audio, videotape, or photograph my name, likeness, and performance.

In addition, I consent and authorize the Cancer Support Community to use the above recordings and/or re-recordings and/or photographs as they see fit in broadcast, publicity, public service announcements, training, teaching, research, podcasts, educational publications both in print and online, and other uses.

My permission will remain in effect from the date of signature, unless I contact in writing the Cancer Support Community to discontinue this permission for future use.

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

In the case of a minor, this form must also be authorized by a parent or legal guardian:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Parent/Legal Guardian Signature: _____ Date: _____

Relationship to Minor: _____ Date: _____



ACKNOWLEDGEMENT AND RELEASE

I, _____, from _____
(Please Print) (School)

release Cancer Support Community – Greater Cincinnati/North Kentucky, an Ohio non-profit corporation. (“Cancer Support Community”) located in The Lynn Stern Center located at 4918 Cooper Road, Blue Ash, Ohio 45242. As a result, I agree to assume all risks associated with my subsidiary use of such equipment and facilities, and hereby expressly release Cancer Support Community, its affiliates, parent successors, and assigns and its officers, directors, agents, and employees from any and all claims, liability, causes of action, and loss or damages of any nature whatsoever, arising out of or in any way connected with, my use of such equipment and facilities.

I expressly agree to indemnify, defend, and hold harmless Cancer Support Community, its affiliates, parent, subsidiaries, successors, and assigns, and its officers, directors, agents, and employees from any and all losses, liabilities, damages, demands, claims, judgments, causes of action, or costs and expenses, including attorney’s fees, arising from or incurred in connection with investigating, preparing for, or defending against any litigation, commenced or threatened, by me or any third parties, or any claim whatsoever, related to or arising from my use of the equipment or facilities.

My signature indicates that I have read and understood this Acknowledgement and Release, and that it clearly and correctly states the understanding between myself and Cancer Support Community regarding my decision to use the equipment and facilities.

ACKNOWLEDGED AND UNDERSTOOD:

Name

Date

Witness

Date



VOLUNTEER CONFIDENTIALITY AGREEMENT

Cancer Support Community (CSC) has a legal and ethical responsibility to safeguard the privacy of our participants, staff, board members, and volunteers.

I agree to keep confidential all information that comes to my attention, whether directly or indirectly, concerning a participant, caregiver/support person, volunteer, or any member from the staff or board. I agree not to divulge any such information to anyone. I will not seek information in regards to any participant.

I fully understand this policy and agree to adhere to it at all times and comply with all oral and written directives of Cancer Support Community.

By signing below, I acknowledge that I have read the above and accept the terms contained herein. I understand that any violation of this agreement may be cause for immediate termination of my association with CSC.

Volunteer Name (please print)

Volunteer Signature

Date

Office Use: _____