

Volunteer Application



A program of OVARIAN CANCER RESEARCH FUND



Contact Information

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Work/Cell: (____) _____

Email: _____ Marital Status: Single Married Divorced Widowed

Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White

Other: _____ Ethnicity: Hispanic or Latino Non-Hispanic or Latino

Do you speak another language? Yes No If yes, please specify: _____

How did you hear about Woman To Woman? _____

Please list any volunteer experience from the past 5 years: _____

Emergency Contact Information

Name: _____ Relationship: _____

Home Phone: (____) _____ Work/Cell: (____) _____

Cancer Diagnosis Information

Date of Initial Diagnosis: _____ Type of Cancer: _____ Stage of your Cancer: _____

Doctors: _____ Surgeon: _____ Medical Oncologist: _____

Radiation Oncologist: _____

Surgery:

Please list the hospital where your surgery occurred: _____

Surgery Date: _____ Type of Surgery: _____

Treatment:

Radiation Date Completed: _____ Name of Treatment Facility: _____

Chemotherapy Date Completed: _____ Name of Treatment Facility: _____

AFFILIATED WITH



NORTHSIDE HOSPITAL
CANCER INSTITUTE

Volunteer Information

Team Preference (please check):

Community Outreach Patient Support/Telephone Mentoring Special Events Administrative Support

Most convenient time for volunteer service:

Days of the Week: Sun Mon Tues Wed Thurs Fri Sat

Time of Day: AM PM

Why are you interested in becoming a Woman To Woman volunteer? _____

What do you hope to gain from your experience as a Woman To Woman volunteer? _____

What are your personal feelings about your cancer? _____

How has your family dealt with your cancer? _____

How have you worked through many of your feelings about your own cancer? _____

How do you handle stress? _____

AFFILIATED WITH



NORTHSIDE HOSPITAL
CANCER INSTITUTE