



Volunteer Application

Please fill out this application if you are a cancer survivor and would like to help support fellow survivors and their families throughout treatment.

Contact Information

Applicant's Name: _____ Age: _____ Today's Date: _____

Address: _____ City: _____ State: _____ Zip: _____

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

Email: _____

Children: _____

If yes, how many?: _____ Ages: _____

Race: Asian African American White Hispanic Other (please specify): _____

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

How did you hear about Network of Hope? _____

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

Cancer Diagnosis Information

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

Surgeon's Name: _____ Oncologist's Name: _____

Indicate all treatment you received (please check):

Radiation End Date: _____ Name of Treatment Facility: _____

Chemotherapy End Date: _____ Name of Treatment Facility: _____

Surgery Date: _____ Type of Surgery: _____

Hospital where your surgery occurred: _____

Clinical Trial Oral Medication Other Specify Type: _____

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NORTHSIDE HOSPITAL
CANCER INSTITUTE

Volunteer Information

Please number your first, second, and third choice of Volunteer Teams.

_____ Community Outreach Team _____ Special Events Team _____ Sunshine Committee for NoH

_____ Patient Support Team _____ Behind The Scenes (BTS) Team _____ Administrative Support- NoH

Most convenient day and time for volunteer service:

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

Time of Day: AM PM

Are you interested in visiting patients in the hospital? Yes No

Are you interested in working/calling from home? Yes No

What do you hope to gain from your experience as a Network of Hope volunteer? _____

How have you worked through your feelings about cancer? _____

What was something you gained from your cancer experience? _____

Emergency Contact Information

Name: _____ Relationship: _____

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

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