



Caregiver Volunteer Application

Please fill out this application if you have been affected by cancer and would like to volunteer your time to mentor a caregiver.

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: _____

Your Relationship to Cancer

What is your relationship with the person diagnosed with cancer?

Spouse/Significant Other Parent Child Sibling Other: _____

Type of Cancer: _____ Stage of Cancer: _____

Date of Initial Diagnosis: _____ Date of Their Last Treatment: _____

Type of Treatment: Bone Marrow Transplant Chemotherapy Clinical Trial Hormone Therapy Radiation
 Surgery Wait & Watch

Please indicate which of the following was most stressful for you at the time of the person's cancer diagnosis (check all that apply):

Career/Job Emotional Distress Fatigue Fear of Death Fear of Recurrence Fertility
 Finances Nutritional Concerns Parenting Physical Changes in Relationships Sexuality

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Volunteer Information

Team Preference (please check):

- Community Outreach Special Events Mentor Caregivers (by phone)
 Behind The Scenes (BTS) Team Administrative Support

Most convenient day and time for volunteer service:

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

Time of Day: AM PM

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

How have you and your family dealt with cancer? _____

What is your best tip for other caregivers? _____

Emergency Contact Information

Name: _____ Relationship: _____

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

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