



Support for Children of Parents with Cancer

### VOLUNTEER INFORMATION SHEET

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Have you ever had a cancer diagnosis yourself?  Yes  No Type \_\_\_\_\_  
Date of Diagnosis \_\_\_\_\_

Have you had a family member diagnosed with cancer? Date of Diagnosis \_\_\_\_\_  
Relationship to you \_\_\_\_\_ Type of Cancer \_\_\_\_\_

What is your primary reason for wanting to volunteer for Kids Alive?  
\_\_\_\_\_  
\_\_\_\_\_

Will you likely be able to go on the overnight to Snow Mountain Ranch?  Yes  No

Do you foresee being able to attend most of the monthly meetings?  Yes  No  
If no, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Have you volunteered for Kids Alive in the past?  Yes  No. How many  
years? \_\_\_\_\_

Do you have previous volunteer or employment experience working with children?  
 Yes  No If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns regarding experiences or behavior you may encounter with children?  
 Yes  No If yes, describe:  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a specific age group with whom you most enjoy working?

[Redacted]

Activities you most enjoy:

Art     Music     Puppets     Drama     Reading stories  
 Discussions    Others:

[Redacted]

Are you usually able to stay for 20-30 minutes after the monthly meetings to discuss the morning's events and clean up?

[Redacted]

What, in your opinion, is one of the most important things you would like for the staff of Kids Alive to know about you?

[Redacted]

Emergency Contact: Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_