

FACE IN THE MIRROR®

Changing the Face of Cancer

Phone: 480-443-1344

Fax: 480-368-7554



One Patient at a Time!

Email: fim@faceinthemirror.org

www.faceinthemirror.org

VOLUNTEER APPLICATION

Name _____ Age: _____

Home Address _____

City _____ State _____ Zip _____

Home Ph. _____ Cell Ph. _____

E-mail _____

Current Occupation _____ Part Time _____ Full Time _____

Have you worked as a volunteer for a non-profit agency? Yes _____ No _____

Where? _____ When? _____ Supervisor's Name _____

I WOULD LIKE TO VOLUNTEER IN THE FOLLOWING AREA:

Hands On Patient Pampering _____ Help Fill Patient's Gift Bags _____ Special Events _____

Fund Raising /Silent Auction _____ Tea Party Assistant _____ Office _____

Preference: FIM Women _____ AAUK Children _____ FIM 4 Men _____

How many hours are you available to work? _____ 9:00 AM-1:00 PM _____ 1:00 PM-5:00 PM _____

I prefer working: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Do you have "special" educational skills, i.e. Aesthetician? Manicurist? Facialist? Massage Therapist? Masseuse?

Please explain: _____

Do you wear sculptured nails? Yes _____ No _____ Do you smoke? Yes _____ No _____

What size jacket? SM _____ MED _____ LG _____ XL _____ Name Preference _____

Do you speak another language? _____ If so, which one? _____

Have you ever had a life threatening illness? Yes _____ No _____ Do you have transportation? Yes _____ No _____

Interviewed by: _____ Date _____ Hospital Assigned _____

Volunteer Signature _____ Date to Begin Orientation _____