



VOLUNTEER APPLICATION
Women's Cancer Resource Center
2908 Ellsworth Street, Berkeley, CA 94705

Name: _____ Date: _____

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

E-Mail: _____ Phone: _____

Gender: Female__ Male__ Non-binary__ Trans Male__ Trans Female__ Gender Non-conforming__ Gender Queer__ Gender Fluid__ Agender__
Preferred Gender Pronoun(s): check any that apply: she/her__ he/him__ they/their__ Other _____

Birthdate: _____

Ethnicity/ies: _____ Occupation: _____

Language(s) spoken other than English: _____

Sexual orientation: *Heterosexual*__ *Lesbian*__ *Gay*__ *Bisexual*__ *Queer*__ *Pansexual*__ *Asexual*__ *Other* _____

How did you hear about WCRC? _____

Have you ever had cancer? Yes__ No__ If yes, what kind? _____

When diagnosed? _____ When treated? _____ How long out of treatment? _____

*Some of our most effective volunteers are survivors of cancer themselves or of a loved one. WCRC honors self-care as a priority, so we **strongly** recommend volunteers be one-year out of treatment to work directly with our client community. We are happy to discuss this recommendation on a case-by-case basis, and also have other volunteer positions where you can get started!*

Please describe any other volunteer work you have done: _____

What skills (either professional or personal) and/or talents are you able to bring to WCRC?

Do you have transportation/regular access to a vehicle? Yes__ No__

Do you need disability access? Yes__ No__ If yes, please describe: _____

Why are you interested in volunteering at WCRC? _____

What times/days are you available to volunteer? _____

Will you be able to make a 6-month commitment? Yes__ No__ Possibly__

If not, how long do you anticipate volunteering? _____

Do you anticipate requesting a letter of recommendation for your volunteer service? Yes__ No__ Possibly__

What programs are you interested in?

Help Desk (in-person, regular shift-based) _____

Wellness Workshop Instructor _____

On-call, as needed for projects, special events _____

Outreach _____

Translator _____

Free Therapy Program (must be a licensed psychotherapist or supervised associate) _____

Please return to: WCRC, Attn: Audrey Shoji :: 2908 Ellsworth Street :: Berkeley, CA 94705 or audrey@wcrcc.org