



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

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

E-Mail: _____ Occupation: _____

Birthdate: _____ Phone: Home _____ Work _____ Cell _____

Ethnicity/ies: _____ Language(s) spoken other than English: _____

Gender: _____ *Optional:* *Heterosexual* *Lesbian* *Bisexual* *Trans* *Other* _____

Gender Pronoun(s): check any that apply: she/her he/him they/their _____

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!*

How did you hear about WCRC? _____

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

Do you anticipate requesting a letter of recommendation for your volunteer service? Yes No Possibly

What programs are you interested in?

- Emergency Financial Assistance Calling**
- Wellness Workshop Instructor**
- On-call**, as needed for projects, special events
- Free Therapy Program** (must be a licensed psychotherapist)

Please return to:

WCRC, Attn: Audrey Shoji :: 2908 Ellsworth Street :: Berkeley, CA 94705 or audrey@wcr.org