

200 North Park Street  
Kalamazoo, MI 49007-3731  
Phone: 269.382.2500 / Fax: 269.373.7480  
[www.wmcc.org](http://www.wmcc.org)



West Michigan Cancer Center

Radiation & Surgical Specialties

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## VOLUNTEER SERVICES

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### Volunteer Application

**NAME:** \_\_\_\_\_  
Last First Middle Initial

**ADDRESS:** \_\_\_\_\_  
City, State Zip Code

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_  
Name Relationship Phone

**AVAILABILITY:** \_\_\_\_\_

Total numbers of hours per week you would like to volunteer: \_\_\_\_\_ (Max 20 hours)

You must be 18 years old to volunteer. Are you at least 18 years of age? \_\_\_ Yes \_\_\_ No

**ARE YOU PRESENTLY EMPLOYED:** \_\_\_ Yes \_\_\_ No If yes, where: \_\_\_\_\_  
Name of Employer

**PREVIOUS VOLUNTEER EXPERIENCE:** (Begin with most current)

1. \_\_\_\_\_  
Organization Dates Responsibilities

2. \_\_\_\_\_  
Organization Dates Responsibilities

Will you require documentation of your volunteer experience? \_\_\_ Yes \_\_\_ No  
If yes, please attach required documentation.

Is volunteering part of any academic requirement? \_\_\_ Yes \_\_\_ No

Are you volunteering to satisfy a court required community service? \_\_\_ Yes \_\_\_ No

Have you ever been convicted of a Felony? \_\_\_ Yes \_\_\_ No If yes, please explain and provide the date: \_\_\_\_\_

**DESCRIBE THE KIND OF VOLUNTEER EXPERIENCE YOU WOULD LIKE TO HAVE AT WMCC:**

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The West Michigan Cancer Center offers equal opportunity to all for volunteering opportunities, based upon individual merit and without regard to race, ethnicity, color, marital status, familial status, , national origin, religion, height, weight, age, sex, gender, veteran status, disability, genetic information, citizenship, sexual orientation, gender identity, or any other protected class of individuals.

It is clearly understood that there is no employer/employee relationship and that as a volunteer I am not entitled to compensation or fringe benefits of any kind for my voluntary services.

I understand that a search of criminal conviction history records to verify information provided by me during the application process will be done. As part of this investigation, I may be required to provide demographic information, including social security number. I understand that this information may be required at a later time to facilitate this investigation.

My signature below signifies that I understand and authorize WMCC to secure criminal conviction history from the appropriate law enforcement agency.

I understand I am required to undergo annual influenza vaccinations and any TB testing deemed necessary.

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Signature

Date