



433 NW 4th Avenue, Suite 100
Portland, OR 97209

Volunteer Information & Service Application

Volunteer Information & Requirements

Thank you for your interest in volunteer opportunities with the Children's Cancer Association, a non-profit organization that offers award-winning programs, along with information, advocacy and support that help enrich the quality of life for seriously ill children and their families.

Together, with our valued community partners, Board of Directors, staff, donors, and volunteers, CCA continues to bring joy, compassion and support to thousands of children and families across the U.S. each year – as well as ongoing assistance to the medical professionals who care for them.

There are many ways for volunteers to help the organization and the time commitment varies depending on your interests. Below are the descriptions of our various volunteer opportunities.

I. GENERAL ORGANIZATION SUPPORT

OFFICE SUPPORT

There are many ways to help in our office, whether it is by making phone calls, assisting with a major mailing, helping to manage special events, assisting with data entry, organizing our supply and toy closets, or wrapping gifts, our office volunteers are a tremendous support!

Requirements: Volunteer application, two references, attend volunteer orientation (application must be submitted before attending orientation), interview with staff member, **must be available during daytime weekday hours (M-Th., 8:30am-5:30pm, Fri. 9:00am-2:00pm).**

SPECIAL EVENTS

Bring your enthusiasm to support CCA at our community events! Whether you are selling raffle tickets alongside our beautiful raffle car, staffing our CCA information booth at an external community event, or bringing your creativity to the arts and crafts table at our fabulous Celebration of Courage Family Festival, we need you! For a complete list of events, contact Kimberly Gillette at (503) 200-5114 or kgillette@e-cca.org.

Requirements: Volunteer application (required for specific events only) **must be available on evenings and weekends.**

INTERNSHIPS

Whether you are looking for a summer, semester, or year-long professional internship, CCA is the place to be! Our internships are tailored to fit your individual needs and provide valuable in-office and hands-on experience to those currently enrolled in or interested in the medical, social-work, or care-giving fields. This position offers administrative, project, and program support, as needed. Special project and in-hospital duties will vary, depending on the nature and primary focus of the internship.

Requirements: Volunteer application, resume, two references, background check*, interview with staff member, **must be 16 years of age and available during daytime weekday hours (Monday-Thursday, 8:30am-5:30pm, Friday 9:00am-2:00pm).**

II. DIRECT CHILD AND/OR FAMILY SUPPORT

PEDIATRIC CHEMO-PAL PROGRAM

Chemo Pal Mentor – Chemo Pals™ are special adults from a wide range of personal and professional backgrounds who are motivated to support and entertain a child/teen facing cancer treatment. These mentors visit hospitals, clinics and homes to play games, take walks, read, do art projects, or share hobbies.

Requirements: *Volunteer application, two references, background check*, attend volunteer orientation (application must be submitted before attending orientation), interview with staff member, attend Chemo Pal training, complete all necessary hospital application/forms/TB test series, 12-18 month minimum commitment, must be 18 years of age and available during daytime weekday hours (Monday-Friday, 8:00am-5:00pm, for a total of 6-8 hours each month.*

MUSIC RX PROGRAM

Music Rx Young Children's Music Group Assistant – Thursdays 10:00am-12:00pm, 2-4 times per month. Assist Music Rx staff in weekly Toddler music group. Volunteer will assist staff during group in modeling participation and assisting children one-on-one with group music activities. Duties also include setting room, inviting participants, and clean-up. Music experience with children preferred.

Music Rx Cart Assistant – Thursdays from 2:30pm-4:00pm or Saturdays from 3:45pm-5:15pm, 2-4 times per month. Assist in utilizing Music Rx's new state-of-the-art mobile music carts. Monitor cart, assist children in interacting with music cart features (instruments, garage band), check out instrument(s) to children and families. Assist Music Rx staff in closing procedures. No experience necessary.

Requirements: *Volunteer application, two references, background check*, attend volunteer orientation (application must be submitted before attending orientation), interview with staff member, complete all necessary hospital applications/forms/TB test series, 6 month minimum commitment, must be 18 years of age.*

If you are interested in any of the above mentioned volunteer opportunities, have questions or have additional ways you would like to help the organization, please complete the enclosed paperwork and send it to the Community Outreach Coordinator at the address on the top of the application or contact CCA at (503) 244-3141.

*(*If a concern/question appears on a background check, it will be reviewed by our Executive Committee, and does not necessarily disqualify you from becoming a volunteer with CCA. After we receive your volunteer application, background check and references, we will contact you.)*

III. EVENTS & FUNDRAISING

PUT YOUR COMPANY IN LIGHTS! HOST A COMMUNITY EVENT

Let the community know that you are there... and that you care. Interested in hosting a special event or project to benefit seriously ill children and their families? Then you've come to the right place! Each year, thousands of creative and committed community volunteers like you spearhead innovative fundraising projects and special events to raise vital funding, support and awareness for CCA and the many children we help. Beneficiary events include everything from concert benefits, toy drives, running and biking events, celebrity golf tournaments, book sales, auctions, wine tastings, yard sales... the sky's the limit – we'll leave the creativity up to you! To get the ball rolling or simply discuss your options, please contact us at (503) 244-3141 or by email at office@e-cca.org.

***Requirements:** Please download or request a copy of our “Fundraising Guidelines” for all community fundraising/event proposals.*

CORPORATE TEAMS AND SPONSORSHIP

Welcome corporations and foundations! When you choose to become a CCA sponsor, you'll be doing your part as a good corporate citizen by giving something back to the community – and deepening your community connection. There are many fantastic benefits that come with CCA sponsorship – and many great opportunities for your employees and their families to get involved. From special internal activities and volunteer team projects, to organizing an event or toy drive, to volunteering at our community events and hosting our raffle car at your place of business... and that's just the start! Come join our family of good corporate citizens whose sponsorship support helps us make each day a little brighter for seriously ill children and their families in need.

BECOME A CCA DONOR

You can make a significant difference in the lives of thousands of seriously ill children and their families by becoming a CCA donor:

- \$2,500** – Supports a Chemo Pal match for an entire year
- \$1,000** – Sends a family to the Caring Cabin for a week
- \$500** – Flies Grandma to Portland to a child's bedside
- \$250** – Buys an electric guitar for Music Rx
- \$100** – Provides a giant box of toys and games for a hospitalized child
- \$50** – Fills the cabinets at the Caring Cabin
- \$35** – Provides crafts for the Chemo Pal program



Volunteer Application

Please return to:
 Community Outreach Coordinator
 Children's Cancer Association
 433 NW 4th Avenue, Suite 100
 Portland, Oregon 97209
 Phone: (503) 244-3141 / Fax: (503) 892-1922

For Official Use Only	
Reference:	(1) <input type="checkbox"/> (2) <input type="checkbox"/>
Background:	<input type="checkbox"/>
Interview:	<input type="checkbox"/>
Trained:	<input type="checkbox"/>

Today's date:				
APPLICANT INFORMATION				
Last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Email address:				
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?		Maiden name:	Birthdate:
Street address:		Home phone number: ()	Mobile phone number: ()	
P.O. Box:	City:	State:	ZIP Code:	
Occupation:	Employer:		Employer phone number: ()	
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your company have a volunteer matching program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact:		Phone number: ()	Relationship:	
Are you bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what language besides English do you speak?			
Are you currently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?			
Area of study:				
Describe some of your interests, talents or skills:				
What could you add as a volunteer for this organization (please be specific)?				
Our volunteer services reflect a variety of needs. Please list any conditions (medical, physical or emotional) that you feel are important for us to know:				
How did you hear about CCA?				

VOLUNTEER OPPORTUNITIES
Which volunteer opportunities interest you?
<input type="checkbox"/> Office support (I am available to work during regular business hours: <input type="checkbox"/> YES <input type="checkbox"/> NO)
<input type="checkbox"/> Special Events (I am available evenings and weekends: <input type="checkbox"/> YES <input type="checkbox"/> NO)
<input type="checkbox"/> Chemo Pal Program (I am available Mon.-Fri., from 8:00am-5:00pm: <input type="checkbox"/> YES <input type="checkbox"/> NO)
<input type="checkbox"/> Music Rx Cart Assistant (I am available: <input type="checkbox"/> Thurs. 2:30-4:00pm AND/OR <input type="checkbox"/> Sat., 3:45-5:15pm)
<input type="checkbox"/> Music Rx Young Children's Music Group Assistant (I am available Thursdays from 10:00am-12:00pm <input type="checkbox"/> YES <input type="checkbox"/> NO)
<input type="checkbox"/> Internship (I am available to work during regular business hours: <input type="checkbox"/> YES <input type="checkbox"/> NO)

EMPLOYMENT HISTORY**Job 1 (most recent)**

Company name:			Start date:	
			End date:	
Street address:			Supervisor's phone number: ()	
P.O. Box	City:	State:	ZIP Code:	

Describe your position and responsibilities:

Job 2

Company name:			Start date:	
			End date:	
Street address:			Supervisor's phone number: ()	
P.O. Box	City:	State:	ZIP Code:	

Describe your position and responsibilities:

Job 3

Company name:			Start date:	
			End date:	
Street address:			Supervisor's phone number: ()	
P.O. Box	City:	State:	ZIP Code:	

Describe your position and responsibilities:

VOLUNTEER EXPERIENCE**Volunteer Activity 1**

Organization:			Start date:	
			End date:	
Street address:		Point of contact:	Organization phone number: ()	
P.O. Box	City:	State:	ZIP Code:	

Describe your position and responsibilities:

Volunteer Activity 2

Organization:			Start date:	
			End date:	
Street address:		Point of contact:	Organization phone number: ()	

P.O. Box	City:	State:	ZIP Code:
Describe your position and responsibilities:			
Volunteer Activity 3			
Organization:		Start date:	
		End date:	
Street address:		Point of contact:	Organization phone number: ()
P.O. Box	City:	State:	ZIP Code:
Describe your position and responsibilities:			

REFERENCES

Please list two, non-family personal references below. Give these individuals the enclosed volunteer reference form to be returned to our office.

Name:	Relationship to applicant:	Home phone no.: ()	Alternate phone no.: ()
Name:	Relationship to applicant:	Home phone no.: ()	Alternate phone no.: ()
For office use only:			

BACKGROUND AND DISCLOSURES

Have you ever been convicted of a criminal offense, including but not limited to DUII, criminal neglect, abuse, or assault? Yes No

If yes, please explain:

Are you currently being charged with any criminal offense, including but not limited to DUII, criminal neglect, abuse, or assault?

Yes No

If yes, please explain:

Are you on public record as a sex offender or physical abuser? Yes No

Do you use illegal drugs? Yes No

Do you agree to disclose any future convictions or violations? Yes No

Do you have a current driver's license? Yes No

Driver's license number: _____ State: _____

Has your driver's license ever been revoked in this or any other state? Yes No

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I, _____ (please print name), authorize full and complete investigation of my application. This process may include interviewing professional and personal references, criminal history verification, and other relevant processes. I understand that any misrepresentation or falsification of this application shall constitute for rejection or dismissal.

In order to protect the unique nature of the work of the Children's Cancer Association (CCA), I agree to the following: any ideas, improvements, creative work, designs, authored works or discoveries, software, technologies, techniques, processes, products, material, concepts, whether or not patentable or copyrightable, as well as any newly-discovered or newly-applied information or concepts, that relate to or are useful on the actual or anticipated business of CCA, or that were developed in whole or in part on any CCA time or using CCA equipment, are the sole property of CCA. Supplies, facilities or confidential information belong exclusively to CCA. This agreement operates as an actual assignment of all those rights to CCA.

I also hereby agree to regard all information received in the performance of my volunteer work with this organization and/or in the clinic or hospital facilities, both verbal and written as confidential. I understand that this association and/or hospital respects patients' rights with regard to privacy of information and I agree to respect these rights in performance of my volunteer duties and adhere to patient/family confidentiality in all my statements outside the association and hospital.

In addition, I, _____ (please print name), do hereby agree to indemnify and hold harmless the Children's Cancer Association, its employees, volunteers or agents from any and all claims or causes of action that may arise out of performance of my assigned duties as a volunteer. I waive any right I have against the Children's Cancer Association in consideration of my participation as a volunteer for the programs and offices of the Children's Cancer Association. In closing, I agree that my volunteer services are donated to the Children's Cancer Association without contemplation of compensation or promise of future employment.

Signature

Date

CCA is an Equal Opportunity Organization. We select volunteers without regard to ethnicity, gender, national origin, religion, age, education, sexual orientation, mental or physical disability unrelated to job performance.

For office use only:

Volunteer Reference

Please return to:

Community Outreach Coordinator
 Children's Cancer Association
 433 NW 4th Avenue, Suite 100
 Portland, Oregon 97209
 Phone: (503) 200-5114 / Fax: (503) 892-1922



QUESTIONNAIRE

Your name has been provided as a non-family, personal reference for _____, who wishes to be a volunteer for the Children's Cancer Association. All of the information on this form will be used solely in the selection process of volunteers and will be kept strictly confidential. Please complete and return this form as soon as possible. If you have any questions, please contact Kimberly Gillette, Community Outreach Coordinator, at the Children's Cancer Association at the address above. Thank you!

Your name:	Relationship to potential volunteer:	Home phone number: ()	Alternate phone number: ()
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For how long and in what capacity have you known this person?

What are three adjectives that describe him/her:

Does this person relate well to children? Any experience with sick children? Please provide details, if possible:

What skills does this person possess that will enable him/her to work well in a team environment?

Do you consider this person responsible? Please provide examples, if possible:

Please rate this person from 1 to 10 in the following areas, with 10 being the highest rating:

_____ Communication skills _____ Responsibility _____ Sensitivity _____ Organizational skills
 _____ Dependability _____ Flexibility in schedule

Is there any additional information you could provide that would enable us to better assess the strengths, weaknesses, and/or overall character of this potential volunteer?

<i>Signature</i>	<i>Date</i>
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For office use only	Date received:
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What are three adjectives that describe him/her:

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