



The National Rural Oncology Collaboration at Breckinridge Memorial Hospital Volunteer Interest Form

Contact Information:

Name: _____

Street Address: _____

City, State: _____

ZIP Code: _____

Home Phone: _____

Work/Cell Phone: _____

E-Mail Address: _____

How would you like us to contact you? Home Phone Work/Cell Phone Email

Availability:

When are you available for volunteer assignments?

___ : ___ to ___ : ___ Monday

___ : ___ to ___ : ___ Tuesday

___ : ___ to ___ : ___ Wednesday

___ : ___ to ___ : ___ Thursday

___ : ___ to ___ : ___ Friday

___ : ___ to ___ : ___ Saturday

Interests In which areas are you best suited to volunteer:

Talking to People in the Community

Delivering Materials to Places in the Community

Making Copies/Filing

Soliciting Donations for Patients

Making Phone Calls

Creating Flyers for Events

Setting Up Rooms for Meetings

Helping give a Patient a Ride to an Appointment

Other: _____

Other: _____

**Thank you for helping care for cancer patients and their families in your
community!**