



**VOLUNTEER PROFILE**

Thank you for your interest in Volunteering with Ovarian Cancer Canada.

**CONTACT INFORMATION** (please print)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Birthday (optional) \_\_\_\_\_ (month/day only)

What is your preferred language for communication with Ovarian Cancer Canada?

English  French  Other (please specify) \_\_\_\_\_

**WHY VOLUNTEER (optional)**

Choose all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Interest in ovarian cancer      | <input type="checkbox"/> Family or Friend has been affected by ovarian cancer |
| <input type="checkbox"/> I am an ovarian cancer survivor | <input type="checkbox"/> Gain volunteer experience and skills                 |
| <input type="checkbox"/> Other (please specify) _____    |   |

**SKILLS/INTERESTS**

Please indicate which of the following skills you would like to use in your volunteer role with us?

- |  |  |
|--|--|
| <input type="checkbox"/> Accounting/bookkeeping        | <input type="checkbox"/> Media relations                     |
| <input type="checkbox"/> Adult Education/training      | <input type="checkbox"/> Governance                          |
| <input type="checkbox"/> Administrative                | <input type="checkbox"/> Presentation skills                 |
| <input type="checkbox"/> Communications/marketing      | <input type="checkbox"/> Volunteer development/co-ordination |
| <input type="checkbox"/> Event planning/committee work | <input type="checkbox"/> Special events                      |
| <input type="checkbox"/> Fundraising                   | <input type="checkbox"/> Planning skills                     |
| <input type="checkbox"/> Health Professional           | <input type="checkbox"/> Web development/graphic design      |
| <input type="checkbox"/> Legal                         | <input type="checkbox"/> Other (please specify) _____        |

Computer Skills

MS Word  MS Excel  PowerPoint  Other \_\_\_\_\_

Languages Spoken

English  French  Other \_\_\_\_\_

Languages Written

English  French  Other \_\_\_\_\_

**AVAILABILITY**

Please indicate what days/times you are available to volunteer.

Weekdays  Evenings  Weekends  Flexible

Do you have access to a car for Volunteer activities?  Yes  No

## VOLUNTEER OPPORTUNITIES

Please indicate the opportunities that interest you.

### Community Programs

- Listen to the Whispers Presenter
- Listen to the Whispers Coordinator
- Information table/awareness displays
- Survivors teaching Students

### Administration

- Reception
- Data Entry
- Clerical

### Fundraising

- Community fundraising events
- Signature events (Celebrate, Ladies Golf Classic)
- Mini Winners Walk of Hope
- Winners Walk of Hope

### Communications

- Speakers Bureau
- Communications Specialist

## EMPLOYMENT AND VOLUNTEER EXPERIENCE

Employed  Student  Retired  Other \_\_\_\_\_

Occupation (optional) \_\_\_\_\_ Employer (optional) \_\_\_\_\_

Have you attached a copy of your resume?  Yes  No

If no, please briefly describe any work or volunteer experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

Please provide two references *that are not family members*.

*Please Note:* In giving these names I also give permission for Ovarian Cancer Canada to contact them.

1. Name \_\_\_\_\_ Affiliation \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

2. Name \_\_\_\_\_ Affiliation \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (optional)

Name \_\_\_\_\_ Relation \_\_\_\_\_

Day Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_

## PRIVACY

I hereby certify that all information included in this application form is true and complete. I understand that Ovarian Cancer Canada (OCC) may contact me with information regarding other OCC activities. If at any time I no longer wish to be contacted by OCC, I may request to be removed from future mailings by calling the privacy officer at 1-877-413-7970.

I understand that Ovarian Cancer Canada is committed to protecting the privacy of personal information in its possession and that this information will be kept confidential and will not be sold, traded or loaned to any other organization.

Signature \_\_\_\_\_ Date \_\_\_\_\_



Ovarian Cancer Canada  
Cancer de l'ovaire Canada

*Confidentiality Agreement*

As an employee, consultant, member of the medical staff, volunteer, other work or student associated with Ovarian Cancer Canada (OCC), I will have access to information and material relating to donors, people affected by the disease, employees, other individuals, or OCC, which are of a private and confidential nature.

- At all times, I shall respect the privacy and dignity of donors, people affected by the disease, employees and all associated individuals.
- I shall treat all OCC records as confidential material, and I will protect them to ensure full confidentiality. I shall not read records or discuss, divulge or disclose such information unless there is a legitimate purpose as it relates to my engagement with OCC.
- I shall ensure that confidential information is not inappropriately accessed, used or released either directly by me, or by virtue of my signature or security access to premises or systems.
- I shall only access, process and transmit confidential information using OCC hardware, software, and other authorized equipment, as required by the duties of my position. I understand that OCC may conduct periodic audits to ensure compliance with policies and to ensure the integrity of the information maintained by OCC.
- I will not give medical advice (including suggestions that personalize medical information and influence treatment decisions), but may give information about ovarian cancer (consisting of facts available to anyone seeking general knowledge about the disease and it's treatment).

I understand and agree to abide by the conditions outlined in this statement. I also understand that should any of these conditions be breached, I will be subject to disciplinary action up to and including termination, loss of privileges, legal action or similar action.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Witness Signature \_\_\_\_\_

Name (Please Print) \_\_\_\_\_