



1915 Aston Ave.,  
Carlsbad, Ca 92008  
760-415-8588

## Volunteer Application

Thank you for your interest in volunteering with Cancer Angels of San Diego. Please provide the following information so we may provide a better volunteer experience for you.

(Please print clearly)

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

Primary Phone # \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_

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

Mailing Address \_\_\_\_\_  
(Street, City, Zip)

Please indicate your preference for volunteer times

	Morning	Afternoon	Evening
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

Please indicate all areas of interest to you

Special Events \_\_\_\_\_ Data Entry \_\_\_\_\_  
Mailing \_\_\_\_\_ Newsletter \_\_\_\_\_  
Phone Tree \_\_\_\_\_ Web Maintenance \_\_\_\_\_  
Other \_\_\_\_\_

**Volunteer Name** \_\_\_\_\_

**Please provide a brief description of previous volunteer or work experience**

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**Emergency Contact Information**

<b>Name</b>	<b>Phone #</b>	<b>Relationship</b>
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**Do you have any health concerns we should be aware of?**

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**How did you hear about Cancer Angels of San Diego?**

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**Please return this completed form to:**

**Cancer Angels of San Diego  
1915 Aston Ave.,  
Carlsbad, Ca 92008  
Attn: Volunteer Coordinator**

[WWW.cancerangelsandsandiego.org](http://WWW.cancerangelsandsandiego.org)

DLN #17053269047007

501(c)3 Organization