



## Cystic Fibrosis Foundation – Carolinas Chapter Volunteer Application

**Directions:**

- Email completed form to [Carolinas@CFF.org](mailto:Carolinas@CFF.org) or fax to 919-845-2404
- General Volunteers only need to complete through Section C.
- Public Speaking Volunteers need to complete through Section D.
- Volunteers who will be handling monies need to complete all attached pages.

### SECTION A: General information

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

How/When is it best to reach you? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Under 18?  Yes  No

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

1.) How did you hear about volunteer opportunities at CFF? \_\_\_\_\_

2.) Would you like to be added to the CFF mailing list?  Yes  No

3.) Please indicate the hours under the days of the week you are available to volunteer:

	M	T	W	TH	F	S	SU
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### SECTION B: Type of volunteer work desired/areas of interest (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Staff Assistant/Clerical | <input type="checkbox"/> Computer       |
| <input type="checkbox"/> Mailings                 | <input type="checkbox"/> Data entry     |
| <input type="checkbox"/> Follow-up phone calls    | <input type="checkbox"/> Editorial      |
| <input type="checkbox"/> Assembling materials     | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Other: _____             |   |

**SECTION C: Skills: (check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Typing           | <input type="checkbox"/> Filing          |
| <input type="checkbox"/> Data Entry       | <input type="checkbox"/> Sales           |
| <input type="checkbox"/> Microsoft Office | <input type="checkbox"/> Art Design      |
| <input type="checkbox"/> Telephone        | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Other: _____     |  |

1.) Do you speak/write a foreign language?  Yes  No

Please list: \_\_\_\_\_

2.) Have you ever been a volunteer before?  Yes  No

3.) If so where and what position(s) did you fill? \_\_\_\_\_

**SECTION D: Positions handling money**

1.) Have you ever been convicted of a felony?  Yes  No

If yes, please explain? \_\_\_\_\_

**REFERENCES: (No family members please)**

*Reference #1*

Name \_\_\_\_\_ Phone: \_\_\_\_\_

What is your relationship to this person: \_\_\_\_\_

How many years have you known him/her? \_\_\_\_\_

*Reference #2*

Name \_\_\_\_\_ Phone: \_\_\_\_\_

What is your relationship to this person: \_\_\_\_\_

How many years have you known him/her? \_\_\_\_\_

I, \_\_\_\_\_, certify that the information contained in this application is true and complete to the best of my knowledge and belief. I understand that any misrepresentation or omission of fact in this application will be cause for refusal of termination from CFF. I authorize CFF to run the appropriate background checks required for this position (i.e. criminal, credit, references, driving record.). I understand as a CFF volunteer, I am not paid for my services. I agree to maintain confidentiality of records and information of CFF, its clients, staff and other volunteers. I also understand that CFF can terminate my position as a volunteer at any time.

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