



## StringsforaCURE® Foundation Volunteer Application

All sections must be completed. If a section does not apply, please put "N/A."

### SECTION I – VOLUNTEER CONTACT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

### SECTION II - EMPLOYMENT INFORMATION

Current Employer \_\_\_\_\_ Employment Start Date \_\_\_\_\_  
 Position/Job Title \_\_\_\_\_  
 Responsibilities \_\_\_\_\_  
 \_\_\_\_\_

\*\*\*\*\*Previous Employment\*\*\*\*\*

Previous Employer \_\_\_\_\_  
 Position/Job Title \_\_\_\_\_  
 Responsibilities \_\_\_\_\_  
 Employment Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

### SECTION III – PREVIOUS VOLUNTEER EXPERIENCE

Have you been a volunteer for another organization?  Yes  No  
 If yes, please complete the sections below for all organizations:  
 Organization \_\_\_\_\_ Non-Profit Organization?  Yes  No  
 Volunteer Position \_\_\_\_\_  
 Responsibilities \_\_\_\_\_  
 \_\_\_\_\_  
 Membership Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

(continued on following page)

*All applications, and the information contained therein, shall be strictly confidential. However, the **StringsforaCURE® Board** reserves the right to verify all information provided without discrimination as to age, race, sex or creed and shall comply with all State and Federal laws related thereto. Any information that has been knowingly falsified could be considered an act of fraud and will be addressed accordingly.*



**SECTION III – PREVIOUS VOLUNTEER EXPERIENCE (CONT.)**

Organization \_\_\_\_\_ Non-Profit Organization?  Yes  No

Volunteer Position \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_

Membership Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**SECTION IV – TECHNICAL SKILLS**

We are interested in knowing what type of experience/skills you may have with any of the following computer applications. Having skills in all of these applications is not required, but it is helpful to know if you might be able to assist in some of these areas!

Application:	Skill Level:
E-Mail	<input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Very proficient
Microsoft Outlook? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please list email applications used: _____
Microsoft Word	<input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Very proficient
Microsoft Excel	<input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Very proficient
Powerpoint	<input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Very proficient
Internet Browsing (Internet Explorer, Chrome Firefox, etc.)	<input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Very proficient
Quicken or Quick Books	<input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Very proficient
Adobe Photo Shop/Lightroom	<input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Very proficient
Adobe In Design (Desktop Publishing)	<input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Very proficient
Do you own a computer/laptop?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have internet access at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a cell phone/smart phone that can receive email?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have access to a car in the event you need to pick up/drop off work items?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have experience with grant writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION V – SOCIAL SKILLS**

We would like to know if you would have an interest in social activities and working with people. Please indicate your interests below.

Activity	Interest
Make follow-up phone calls to patients who have been helped by SFAC	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment: _____
Volunteer at a fundraising event	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment: _____
Assist with planning a fundraising event	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment: _____
Sell items / tickets for a fundraising event	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment: _____
Help to prepare baskets for the Gift Basket auction at a fundraising event	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment: _____

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**SECTION VI – WHAT CAN YOU BRING TO StringsforaCURE?**

Please indicate the qualities and experience you have that would make you a good candidate to volunteer for StringsforaCURE? What can you bring to SFAC?

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**SECTION VII – VOLUNTEER VERIFICATION OF INFORMATION**

StringsforaCURE Volunteers may be assigned tasks that involve donor and donor contact information as well as patients and patient contact information. If you are assigned a task that involves access to this information, we would require you to sign a confidentiality agreement that would require you to keep that type of information confidential.

Are you willing to commit to a confidentiality agreement?  Yes  No

**SECTION VIII – VOLUNTEER VERIFICATION OF INFORMATION**

I verify that the information provided above is truthful and accurate to the best of my knowledge.

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

Please mail your completed application to:

**The StringsforaCURE Foundation  
Volunteer Application  
PO Box 9823  
Erie, PA 16505**

Alternatively, if you have access to a scanner, you can scan and email the application to:

**Patti@StringsforaCURE.org**

**\*\*\*\*\*SFAC USE ONLY! \*\*\*\*\***

Interview Date: \_\_\_\_\_

Participants: \_\_\_\_\_

Review of Application Date: \_\_\_\_\_

Volunteer Accepted Date: \_\_\_\_\_

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