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VOLUNTEER APPLICATION

Thank you for your interest in assisting the **Jessica June Children's Cancer Foundation**. Please provide us with the following information to help us learn more about you.

Title: Mr., Mrs., Miss, or Ms.(circle one)

First Name: Last Name:

E-mail:

Address:

City: State: Zip:

Daytime phone number: ()

Evening phone number: ()

Cell number: ()

When is the best time to contact you: _____

1. Your Profession: _____

2. What training and/or related experience have you had? _____

3. How would you like to assist JJCCF?

- | | |
|--------------------------------|--------------------|
| General Office Assistance | Fundraising |
| Organizing Programs and Events | Publicity/Outreach |
| Research/Investigation | Other _____ |

4. Please briefly explain why you are interested in volunteering for JJCCF.

