

VOLUNTEER PROFILE



Personal Information

Name _____ Date of Birth _____ M or F (circle)

Street Address _____ City, State, Zip _____

Phone (H) _____ (W) _____ (C) _____

Preferred Email Address _____

In case of emergency, please contact _____ Phone _____

Have you ever been convicted of a crime? Yes No If yes, please explain _____

Have you had cancer?

Yes (If you are less than one year past diagnosis, we suggest becoming a member first. We will always welcome you as a volunteer later.)

If yes, please tell us about it (optional) _____

No No, but I have a personal connection (optional) _____

Is it necessary to limit your physical activity? Yes No If yes, please explain _____

How did you learn about Gilda's Club? _____

I am interested in volunteering regularly as we need you

My schedule allows me to volunteer mornings afternoons evenings weekends

Professional Information

Place of Employment (or previous career if not working) _____

Please list any professional credentials _____

References (Noogieland volunteers must provide 3 references; all other volunteers, please provide 2)

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Volunteer Experience

Have you ever been a volunteer before? Yes No

Organization _____ For how long? _____

Organization _____ For how long? _____

Official Use Only

Date of Orientation _____ Notes _____

Please complete both sides and mail to

Gilda's Club Northern New Jersey ▪ Volunteerism ▪ 575 Main Street ▪ Hackensack, NJ 07601

Thank you for your interest in volunteering!

VOLUNTEER OPPORTUNITIES

Club House Beautiful Housekeeping Maintenance Electrical Plumbing Gardening

Gilda's Gang Clerical General office Computer-based work Mailings Receptionist

Teaching Cooking Breathing Qi Gong Tai Chi Crafts Meditation Painting Journaling

Cancer Survivors Attend new member meetings Facilitate networking groups

Mental Health Professionals (license required) Conduct CMPs Facilitate support groups

Special Projects Photographer/videographer Fundraising event volunteer Writer/editor

That's Entertainment! Are you a performer willing to share your talents? We need musicians comedians singers

Gilda's Guest Lectures Nutrition Insurance/legal issues Surgical options Chemotherapy Pain management

Corporate/Community Sponsor a Gilda's Club function Sponsor event for our members

Gilda's Ambassadors Distribute brochures or invite us to speak at your: Church, synagogue, mosque Community center
 Hospital Medical practice School Neighborhood Employee group

Or something not listed above _____

VOLUNTEER AGREEMENT

I certify that all information given on this profile is true, complete, and correct. I understand that any false information on this application is cause for termination as a volunteer for *Gilda's Club Northern New Jersey*, as is behavior deemed intolerable, rude, or unjustified.

I understand that *Gilda's Club Northern New Jersey* may need to contact my emergency contact person. I give permission to *Gilda's Club Northern New Jersey* to do so.

I, the undersigned, hereby grant to *Gilda's Club Northern New Jersey* the right, license and privilege to use my name, likeness, photograph, voice and biography in such a manner as *Gilda's Club Northern New Jersey* deems appropriate in order to promote, advertise and publicize *Gilda's Club* and its charitable activities. This applies also to my child(ren) or other minors that may be under my care while at *Gilda's Club Northern New Jersey*.

I understand and agree that: participation in recreational and physical training activities at *Gilda's Club Northern New Jersey* is entirely voluntary, notwithstanding that such activity may utilize the premises or facilities owned by, occupied by, or under the control of *Gilda's Club Northern New Jersey*; *Gilda's Worldwide* and its affiliates, including *Gilda's Club Northern New Jersey* (collectively referred to as "Gilda's Clubs"), make no representation as to suitability of any recreational and/or physical activity relative to my physical condition and abilities, or the suitability or adequacy of any premises, facilities, equipment, or instruction used in connection with such activities; I have been advised to consult my physician, or other healthcare professional, before participating in any physical activities and to follow my physician's, or other healthcare professional's advice with respect to such activities; Any recreational or physical training activity involves some risk of injury, whether apparent or not, and by participating in any such activity I assume all risks, known or unknown, whether foreseeable or not; In consideration of *Gilda's Club Northern New Jersey's* assent to the use of its premises and/or facilities for non-employment-related recreational and physical training activities, I release *Gilda's Club Northern New Jersey* of any and all liability for any injury or damages resulting from or incurred in connection with my participation in any recreational and/or physical training program except to the extent that such injury or damages are caused by gross negligence on the part of *Gilda's Club Northern New Jersey*, and I agree to indemnify and hold *Gilda's Club Northern New Jersey* harmless with respect to any claim rising from any intentional or negligent conduct on my part.

Signature _____

Date _____