

# Cancer Resource Center - UCSF Medical Center at Mount Zion

## VOLUNTEER INTEREST FORM

NAME \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(INCLUDE STREET, CITY AND ZIP CODE)

PHONE (H) \_\_\_\_\_ (W OR C) \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ E-MAIL \_\_\_\_\_

**How much patient contact would be ideal for you?**

- A lot of contact                       Some contact                       Not much contact

**What types of activities would you be interested in?**

- Designing flyers and other publicity materials     Administrative – copying, mailings, putting together info packets, data entry, etc.
- Organizing & maintaining library                       Informational Searches
- Database work     Researching new & updating services
- Assisting with patient requests                       Answering phones
- Stocking Floors with patient education materials  Other - \_\_\_\_\_

**Educational background and future goals (if applicable):**

\_\_\_\_\_

**Special knowledge, languages & skills:**

\_\_\_\_\_

**Availability:**

**Please note—There is a minimum commitment of one shift per week for six months.**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Morning 9:00-1:00					
Afternoon 1:00-5:00					
Other times (must be between 9:00-5:00, Monday – Friday):					

How did you hear about the volunteer opportunities at the Resource Center?

\_\_\_\_\_

What made you decide to consider volunteering at the Cancer Resource Center?

\_\_\_\_\_

***Thank You & Welcome Aboard!***

Please complete and mail form to:  
Paul Asfour, Volunteer Manager  
1600 Divisadero St., Room B 101  
San Francisco, CA 94143-1725