



Kids Cancer Foundation

VOLUNTEER APPLICATION

Date: _____

Full name: _____

Phone: _____

Full Address: _____

Email: _____

Date of Birth: _____ **Emergency Contact (Name & Phone#):** _____

1. Languages spoken in addition to English? _____
2. Current Employer or School? _____
3. Previous Volunteer Experience?

4. How would you like to assist the Kids Cancer Foundation? (list any that apply, please note that working directly with the children requires a background check.) *Organizing, working at social events or fundraising events, general office assistance, working directly with children, tutoring, fundraising, other:*

5. Do you agree to comply with the privacy/confidentiality safeguards as applied to our patients/families under HIPPA?

6. Do you agree to refrain from posting any photos or videos on social media or sharing private information with others regarding our patients and families? _____
7. Do you consent to a photograph release for any events and/or activities you take part in with the Kids Cancer Foundation and consent to said photos being posted on social media or other Kids Cancer Foundation materials?

8. How did you hear about the Kids Cancer Foundation? _____
9. Do you have any allergies or medical concerns? _____

MINOR APPLICANTS - PARENTAL CONSENT REQUIRED:

I, _____ consent for my minor child _____ to serve as a volunteer with the Kids Cancer Foundation. This consent shall apply to events at the Kids Cancer Center, as well as off-site events. I also attest that said minor understands the HIPPA/Confidentiality laws and will follow appropriate safeguards to protect the privacy of our childhood cancer patients and their families. These safeguards include, but are not limited to: the posting of photos or videos on social media. (exceptions will strictly be limited to providing any photos/videos to our KCF staff and they may post) In addition, I give my consent for my minor child _____ to be part of KCF social media posts and consent to a photo release on behalf of my minor child.

Parent/Guardian's Signature (if applicable) _____

Printed Name: _____ Date: _____

Applicants Signature: _____

Please email completed application to: Sandy Erb - Volunteer Coordinator, at sandy@kidscancersf.org or drop off at the Kids Cancer Foundation Center located at 246 Royal Palm Beach Blvd. Royal Palm Beach, FL 33411. For more information or any questions please call or text Sandy at 561-801-3420