Volunteer Services Guide

Thank you for your interest in becoming a volunteer. As a volunteer we ask you to be familiar with our Vision and Mission Statements, they are stated below.

VISION
We are a healthy community involved in providing, sharing and receiving resources and services that enhance life for individuals and their loved ones facing the challenges of Cancer.

MISSION
We embrace anyone affected by Cancer in a community that offers hope and caring through support, education and concepts in healthy living.

Please complete the attached application and return it to Sherri Otterson at PO Box 263, Norway, ME 04268. Candidates will be interviewed to determine areas of volunteer interests. Volunteers are needed in the following:

Center Volunteers:
- Supervise drop in hours at the Center
- Computer skills
- Assist with mailings, phone calls, etc.
- Caring Card Stamping – create cards, notes for cancer patients
- Light cleaning
- Help set up for classes
- Workshop proctor – open center and assist with program
- Knitting/crocheting circle
- Conversation
- Play games – cribbage, cards, etc.
- Assist with library
- Group facilitator

Teachers or Leaders:
The center offers programs to its clients. Do you have a skill or knowledge that you would like to share? Stamping, exercise, meditation, Yoga, fly tying, knitting, etc.
Community Education:
Help us get the word out about the programs:
- Distribute poster and brochures out in the community (Relay for Life, Sidewalk Art Show, DECA craft fair, etc.) and places like physician offices.
- Assist the director with putting together the monthly program list and calendars, help produce newsletter.
- Write news releases
- Develop a newsletter

Other Ways to Volunteer:
- Serve on the Board of Directors
- Join knitters or sewers group making chemo caps, pouches, pillows, etc. for patients during treatment
- Photographer
- Be a committee member

Other Opportunities Shared with Other Organizations:
- Maine Buddy Program – This program of the Cancer Community Center of South Portland is for people living with, caring for, or who have lost someone to cancer. Participants are matched with a trained volunteer Buddy who has had similar experiences through phone conversations.
- Reach to Recovery - This program of the American Cancer Society helps breast cancer patients cope with their breast cancer experience. Trained volunteers are available to give you support and up-to-date information.
- Road to Recovery – This American Cancer Society program provides transportation to and from treatment for people who have cancer but do not have a ride or are unable to drive themselves. Volunteer drivers donate their time and the use of their cars so that patients may receive the life-saving treatment they need.
Volunteer Application

Name_______________________________________________
Address_____________________________________________
Email _______________________________________________
Date___________________
Phone (day)_______________Phone (evening)____________
Cell _________________
Date of Birth: __________________
Former/Current Occupation________________________________
Employer_______________________________________________
Education (#of years completed)________
   Degree(s)__________________________________________
Are you at least 16 years old?   Yes _____ No _____
What school do you attend________________________________

Have you been convicted of a felony in the last 7 years?
   Yes _____   no _____
Do you have any volunteer experience?

________________________________________________________________
________________________________________________________________
________________________________________________________________
Do you have any physical or health restrictions that might affect you volunteering?

________________________________________________________________
________________________________________________________________
How did you find out about the CRC of Western Maine volunteer opportunities?

________________________________________________________________
________________________________________________________________
Do you have any special talents or job skills

________________________________________________________________
________________________________________________________________
Have you, a member of your family or a close friend been diagnosed with cancer in the past year? yes ____ no ____
more than a year ago? yes _____ no ______
If comfortable, please tell us about this experience:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Please tell us why volunteering at CRC of Western Maine is of interest to you.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
What volunteer position are you interested in?
________________________________________________________________________________________
I am available for volunteer training (check all that apply)
_____morning   _____afternoon   _____evening ______
In case of emergency, contact:
Name ________________________________________________
Phone __________________________
Is there anything else you would like to tell us?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Please provide us with the names, addresses, phone numbers of two references from employers, past volunteering, church, school (not relatives)
Name__________________________________________
Phone (day) ___________________ (eve) ______________
Address __________________________________________

Name__________________________________________
Phone (day) ___________________ (eve) ______________
Address __________________________________________

I certify that the information on this volunteer application is correct.
Signature of Applicant ______________________________
Date _____________________________