**CARTI Volunteer Application**

In order to be considered for volunteer opportunities at CARTI, you must complete the following volunteer application and schedule an appointment: 501-660-7616 or [mdjohnson@carti.com](mailto:mdjohnson@carti.com).

First Name:

Last Name:

Street Address:

City:

State/Zip:

Cell Phone:

Work Phone:

E-mail Address:

Emergency Contact Name:

Emergency Contact Phone:

Employer:

City:

State:

Job Title:

**Areas of Interest (check all that apply):**

* CARTI Cancer Center/Clinic, patient contact
* CARTI Cancer Center/Clinc, non-patient contact
* Clerical
* Waiting Rooms
* CARTI Gift Shop
* CARTI Lab
* Appearance Center
* Resource Room
* Special Events

mList any friends or relatives working for CARTI:

Name:

Relationship:

Availability: (Check all that apply)

* Morning
* Afternoon
* Evening
* Weekends (special events only)
* Monday
* Tuesday
* Wednesday
* Thursday
* Friday
* Saturday (special events only)
* Sunday (special events only)

How did you hear about us?

* Television
* Newspaper
* Mail
* School
* Family/Friends
* Referred by a patient
* I am a former patient
* Other

Have you ever been charged or convicted of a felony that resulted in anything other than a finding of “Not Guilty.”

* Yes
* No

If yes, please describe the nature of the offense and the punishment you received:

If you are between the ages of ages 14-17 (please note: we are unable to accept volunteers under the age of 14).

Name of school:

Current Grade:

**Please read the following carefully:**

I hereby authorize CARTI and/or its agents to make an independent investigation of my background, criminal or police records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for volunteering now and, if applicable, during the tenure of my volunteer career with CARTI.

Opportunity for participation in the Volunteer Program is provided without regard to race, color, religion, sex origin, age, disability, veteran’s status or any other legally protected status.

**For Office Use Only**

Start Date:

On-Site Supervisor:

Location:

Volunteer Training Completed:

HIPPA Training Completed:

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature (if under 18):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_