

**Gilda's Club Quad Cities**  
**VOLUNTEER INTEREST FORM**

We gather information about every Volunteer to better understand who comes to our program. Personal information will be kept confidential. As a non-profit organization that does not charge for our services, we rely solely on donations to underwrite our program and need the following information to help secure funding. Information provided to funders does not include identifying information. Your answers will, in no way, affect your ability to volunteer at Gilda's Club Quad Cities. PLEASE PRINT CLEARLY.

Date: \_\_\_\_\_ Location:  Moline Clubhouse  Davenport Clubhouse  Other \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Gender identity:  Man  Woman  Transman  Transwoman  Nonbinary  Other

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (*circle preferred*): (HM)( ) \_\_\_\_\_ (Cell)( ) \_\_\_\_\_ (Work)( ) \_\_\_\_\_

Email: \_\_\_\_\_ Would you like to receive text notifications?  Yes  No

How would you like our program calendar sent to you?  Mail  Email  Do Not Send

Would you like to receive notification about other member activities?  Yes  No

Would you like to receive notification about fundraising events?  Yes  No

Are you a high school or college student?  Yes  No If yes, what school do you attend? \_\_\_\_\_

If you are under 18 years of age, what is the name of the parent/guardian you live with? \_\_\_\_\_

Employer: \_\_\_\_\_

Personal experience with cancer:  Self  Other  None

Credentials or Licensure: \_\_\_\_\_

Special Skills, Certifications or Qualifications (check all that apply):  CPR/First Aid  Babysitter Training  Data Entry  
 Foreign Languages/Translation  Graphic Design  Art  Music  Event Planning  Writing  Health/Fitness Instructor

Other Skills: \_\_\_\_\_

Volunteer roles of interest (check all that apply):  Gilda's Goodie Gang  Children & Teen Program Team Member  
 House Beautiful Team  Social Event Volunteer  Hospital Outreach Volunteer  Community Outreach Volunteer  
 Workshop/Lecture Volunteer  Gilda's Greeter  Admin Support via Technology  Admin Support No Technology  
 As-Needed Development/Fundraising Volunteer  Event Committee Volunteer

Interested in leading a workshop/lecture/program?  Yes  No

Professional areas of expertise: \_\_\_\_\_

Limitations, physical or otherwise?  Yes  No

Special consideration details: \_\_\_\_\_

Ever convicted of a crime?  Yes  No Ever charged with child abuse or neglect?  Yes  No

Emergency Contact Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone: (HM)( ) \_\_\_\_\_ (WK)( ) \_\_\_\_\_ (Cell)( ) \_\_\_\_\_

How did you hear about volunteering with us? (check all that apply)  Community Event  School  Friend/Family  
 Gilda's Club Staff/Volunteer  Newspaper  TV/Radio  Internet  Social Media  Other

Marital status:  Domestic partnership  Coupled  Divorced  Living w/Significant Other  Married  Separated  Single  
 Widowed

Sexual orientation:  Bisexual  Gay  Lesbian  Straight  Other

Race/Ethnicity:  White (non-Hispanic)  African American (Not Hispanic)  White-Hispanic  Black-Hispanic  
 Asian/Pacific Islander  American Indian/Alaska Native/ First Nations

Are you active military or a veteran?  Yes  No

**PLEASE READ AND SIGN AGREEMENT ON THE NEXT PAGE.**

**Gilda's Club Quad Cities**  
**VOLUNTEER AGREEMENT**

**Please initial each of the three areas before signing the bottom of this form. Concerns should be discussed with a Gilda's Club Quad Cities staff member.**

**ON PRIVACY:**

Gilda's Club Quad Cities has a legal and ethical responsibility to safeguard the privacy of our members.

I have been informed of the confidentiality policies of Gilda's Club and I understand that information must be maintained in the strictest confidence while I serve as a volunteer. As a condition of my role as a volunteer, I hereby agree that I will not at any time during or after my assignments at Gilda's Club disclose organization or individual information, unless authorized to do so by Gilda's Club.

By initialing below, I acknowledge that I have read the above and accept the terms contained herein. I understand that any violation of this agreement may be cause for immediate termination of my association with Gilda's Club.

Initial: \_\_\_\_\_

**VOLUNTEERING AT WORKSHOPS:**

I understand and agree that:

1. Participation in activities at Gilda's Club Quad Cities is entirely voluntary, and is not a required condition of my volunteering, notwithstanding that such activity may utilize the premises or facilities owned by, occupied by, or under the control of Gilda's Club Quad Cities.
2. Cancer Support Community and its affiliates, including Gilda's Club Quad Cities (collectively referred to as "Cancer Support Communities"), 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.
3. 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.
4. Any 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:
5. In consideration of Gilda's Club Quad Cities' assent to the use of its premises and/or facilities for non-employment related recreational and physical training activities, I release Gilda's Club Quad Cities of any and all liability for any injury or damages resulting from or incurred in connection with my participation in any program except to the extent that such injury or damages are caused by gross negligence on the part of Gilda's Club Quad Cities, and I agree to indemnify and hold Gilda's Club Quad Cities harmless with respect to any claim rising from any intentional or negligent conduct on my part.

Initial: \_\_\_\_\_

**OPTIONAL:**

**PUBLICITY RELEASE:**

I, the undersigned, hereby grant to Gilda's Club Quad Cities the right, license and privilege to use my name, likeness, photograph, voice and biography in such a manner as Gilda's Club Quad Cities 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 Quad Cities.

Initial: \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

*If under 18, this form must be signed by a parent/guardian.*

To be completed by staff:

Initial Interest Form  Annual Update

Staff Person: \_\_\_\_\_ Data Input Date: \_\_\_\_\_