



**VOLUNTEER APPLICATION**

*Must be completed by all CFR planning and retreat volunteers*

**\*\*\*\*Medical and psychosocial facilitators, please include your resume or CV**

*In order for us to match your skills and talents with the best volunteer position, we would like to get to know you better! Please submit application by fax (802-362-9182) or mail (PO Box 1123, Manchester, VT, 05254).*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: Home: \_\_\_\_\_ Work: \_\_\_\_\_

If you attended a CFR retreat as a breast cancer survivor, where/when? \_\_\_\_\_

How did you learn about CFR? \_\_\_\_\_

Education (indicate any degrees and dates): \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Professional experience working with breast cancer survivors: \_\_\_\_\_

\_\_\_\_\_

Volunteer experience (with dates): \_\_\_\_\_

\_\_\_\_\_

Which CFR volunteer position(s) are you interested in? Check all that apply:

Planning Team: planning fundraising outreach media events other \_\_\_\_\_

Retreat Staff: retreat leader psychosocial facilitator medical facilitator fly-fishing instructor

What special skills do you have? Check all that apply:

donor cultivation grant writing event planning marketing public speaking writing

photography graphic design fly tying fly casting river entomology first aid/CPR

other (describe): \_\_\_\_\_

Program location(s) of interest (*see website*): \_\_\_\_\_

What is your volunteer availability? \_\_\_\_\_

Other Relevant Experience – please attach. Describe any education or training you have had which you feel is related to the position for which you are interested. Also describe any special educational skills, experiences, or interests along with organizations, honors, certifications, licenses, publications, etc. you consider relevant.

References. List two people whom we may contact, with their telephone numbers and email addresses. These should not be relatives, but should be employers, associates, or other community members.

1) \_\_\_\_\_

2) \_\_\_\_\_

I hereby affirm that the statements made on this application are true. I understand that misrepresentation or omission of facts requested is cause for non-appointment as a Casting for Recovery volunteer. If appointed as a volunteer, I agree to adhere to the general policies and guidelines set forth by Casting for Recovery and to fulfill my assigned volunteer responsibilities to the best of my ability. I realize that this is a non-paid volunteer position.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_