



VOLUNTEER APPLICATION

Must be completed by all CFR planning and retreat volunteers.
APPLICATIONS MAY BE SUBMITTED ONLINE AT www.castingforrecovery.org.
*******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, please help us get to know you better! You may apply online, by mail (PO Box 1123, Manchester, VT, 05254), or by fax (802-362-9182).

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

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: _____

Experience with breast cancer survivors (if any):
Professional _____

Personal _____

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
river helper other _____

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

second language _____ other _____

Program location(s) of interest (see website): _____

What is your volunteer availability? _____

Other relevant experience – Please tell us about any education, training, special skills, experiences, honors, certifications, licenses, or interests you consider relevant.

References. List two people, unrelated to you, whom we may contact, with their telephone numbers and emails.

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:** _____