



A service of the Northside Hospital Atlanta Auxiliary

### Caregiver Volunteer Application

Please fill out this application if you have been affected by cancer and would like to volunteer your time to mentor a caregiver.

#### Contact Information

Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work/Cell: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

Children: \_\_\_\_\_  
If yes, how many?: \_\_\_\_\_ Ages: \_\_\_\_\_  
Race:  Asian  African American  White  Hispanic  Other (please specify): \_\_\_\_\_

Do you speak another language?  Yes  No If yes, please specify: \_\_\_\_\_

How did you hear about Network of Hope? \_\_\_\_\_

Please list any volunteer experience from the past 5 years: \_\_\_\_\_  
\_\_\_\_\_

#### Your Relationship to Cancer

What is your relationship with the person diagnosed with cancer?  
 Spouse/Significant Other  Parent  Child  Sibling  Other: \_\_\_\_\_

Type of Cancer: \_\_\_\_\_ Stage of Cancer: \_\_\_\_\_

Date of Initial Diagnosis: \_\_\_\_\_ Date of Their Last Treatment: \_\_\_\_\_

Type of Treatment:  Bone Marrow Transplant  Chemotherapy  Clinical Trial  Hormone Therapy  Radiation  
 Surgery

Please indicate which of the following was most stressful for you at the time of the person's cancer diagnosis (check all that apply):

- Career/Job  Emotional Distress  Fatigue  Fear of Death  Fear of Recurrence  Fertility
- Finances  Nutritional Concerns  Parenting  Physical Changes in Relationships  Sexuality

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**Volunteer Information**

**Team Preference** (please check):

Community Outreach  Special Events  Mentor Caregivers (by phone)

Most convenient day and time for volunteer service:

Days of the Week:  Sun  Mon  Tues  Wed  Thurs  Fri  Sat

Time of Day:  AM  PM

What do you hope to gain from your experience as a Network of Hope volunteer? \_\_\_\_\_

\_\_\_\_\_

How have you and your family dealt with cancer? \_\_\_\_\_

\_\_\_\_\_

What is your best tip for other caregivers? \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Information**

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work/Cell: (\_\_\_\_) \_\_\_\_\_

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