

Date: _____

Full Name: _____

Address: _____

City/State:/Zip _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Volunteers must be at least 16 years of age. Exceptions may be made.

Volunteers are needed to help in many areas. Please check all those which interest you.

Interests:

Office/Administrative: Volunteers who can be "on-call" or work on a regular basis to help with general tasks such as:

- Reception/Telephone Mailings Data Entry Office errands

Special Events: Volunteers may work on committees for our fund raising events, or help with events for Tomorrow Fund children and families.

Fundraising Events:

- Fantasy Ball
 Golf Tournament
 Plan a New Event

Family Events:

- In House Bake Sales Tomorrow Fund Stroll
 Annual Picnic
 Holiday Gift Wrap

Public Relations: Volunteers can help to "get the word out" about The Tomorrow Fund.

- Newsletter Committee Plan and work at PR events Clip articles from the local paper
 Maintain The Tomorrow Fund scrapbook Photography

Other Please describe: _____

Please tell us about your skills:

- Computer: Microsoft Word Microsoft Excel Microsoft Powerpoint Microsoft Publisher
 Web Applications Graphic Design Applications

- General Office: Data Entry Telephone/Reception Mailings Window Displays

Availability

How soon are you available to begin? _____

- | | | | | |
|---------------------------------|-----------------------------------|-------------------------------------|-----------------------------------|--------------------------------|
| <input type="radio"/> Monday | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings | <input type="radio"/> Weekends |
| <input type="radio"/> Tuesday | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings | |
| <input type="radio"/> Wednesday | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings | |
| <input type="radio"/> Thursday | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings | |
| <input type="radio"/> Friday | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings | |

Volunteer Experience (optional)

Have you ever volunteered before? Yes No

If yes, please list experience below.

Name of Organization _____

Contact Name/Title: _____

Dates :

From: _____ To: _____

May we contact: yes no

Address: _____

Phone #: _____

Responsibilities: _____

Reason for Leaving: _____

Professional Experience (optional)

Name of Organization _____

Contact Name/Title: _____

Dates :

From: To:

May we contact: yes no

Address: _____

Phone #: _____

Responsibilities: _____

Reason for Leaving: _____

Please tell us why you would like to volunteer for The Tomorrow Fund.

Confidentiality Agreement

While working with The Tomorrow Fund I may be exposed to patient information such as names, addresses, etc. I understand that all patient information is confidential and cannot be shared outside The Tomorrow Fund office.

Signature: _____ Date _____

I have completed the application and verify that the information I provided is correct. I understand that The Tomorrow Fund "hires" volunteers based on interest, ability and need. I also understand that certain volunteer position require adults (ages 18 and up) to have a background check every three years.

Signature: _____ Date _____

If applicant is under the age of 18, please sign and date below as his/her legal guardian.

Parent/Guardian Signature _____ Date _____

Return this application and the following form to :

The Tomorrow Fund
RI Hospital Campus
593 Eddy Street
Providence, RI 02903

Thank you in your interest in becoming a Tomorrow Fund Volunteer.

Release and Authorization for a Criminal Background Investigation

I (name), _____, of (street) _____

(city, state, zip) _____, hereby authorize the Attorney General's Office of the State of

Rhode Island to provide The Tomorrow Fund any and all records relating to my criminal background information, and I hereby allow The Tomorrow Fund and all directors, board members, and other individuals connected therewith released from any and all liability for damages relating thereto. I have attached a copy of my driver's license for the completion of this investigation.

Drivers License #: _____

Date of Birth: _____

Parent/Guardian Signature _____

Date _____