

# Northwest Hope & Healing Volunteer Application

Thank you for your interest in volunteering with Northwest Hope & Healing to help women get through breast cancer. Please print and complete the application below and return to:  
Volunteer Program, c/o Northwest Hope & Healing, P.O. Box 16069, Seattle, WA 98116.  
After your application is processed, you may be called for an interview.

Date \_\_\_\_\_

Name \_\_\_\_\_  
                    First                    Middle                    Last

Address \_\_\_\_\_  
                    Street                    City                    Zip

Phone number \_\_\_\_\_  
                    Home                    Work/Cell

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
                    Name                    Relationship

Emergency Contact Phone number \_\_\_\_\_  
                    Home                    Work/Cell

Best Time to Call You \_\_\_\_\_

References: (no family members, please)

\_\_\_\_\_  
Name                    Address                    Phone                    Relationship

\_\_\_\_\_  
Name                    Address                    Phone                    Relationship

Which volunteer position are you interested in? (If more than one please list in order of most desired)

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Northwest Hope & Healing?

\_\_\_\_\_

Why are you interested in volunteering with Northwest Hope & Healing?

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\_\_\_\_\_  
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Please list any relevant experience, such as education, work history, prior volunteer service, skills, hobbies, interests.

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To the best of my knowledge the above information is true and is submitted voluntarily. This information may be used and disclosed for Northwest Hope & Healing purposes and I realize that as a Northwest Hope & Healing volunteer I will not be paid for my services.

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Volunteer Signature

Date

Thank you for your interest in volunteering with Northwest Hope & Healing. We will get in touch with you soon!