

Volunteer Pledge Form

Cancer Services of Grant County

Circle the committee(s) you would be interested in helping with:

Driver In Town	Driver Out of Town	Health Fairs	Fathers Day Run/Walk
Golf Scramble	Annual Dinner	Bulk Mailings	Motorcycle Parade
Special Projects	Office Help	Spring Cleaning	Equipment Transport

Name) First _____ M _____ Last _____ Phone # _____

Address _____ City _____

State/Zip Code _____ Drivers License# _____

Social Security # _____ Date of Birth _____

Days/Hours Available to Volunteer: _____

Email Address: _____

- *I am under no obligation to accept assignments. I understand a criminal background check may be done before Cancer Services uses my assistance.*
- *By signing this form, you are consenting to confidentiality with the works being preformed at Cancer Services of Grant County.*

Signature **X** _____ Date _____

Note: ALL PARTICIPATES MUST SIGN WAIVER (Parent/Guardian if under age)