

**OFFICE OF EMPLOYEE ASSISTANCE**  
**REQUEST FOR A CANCER BUDDY**

*Due to confidentiality please do not email. Please fill out, print and return a hard copy to the Office of Employee Assistance by interoffice mail or fax to 720-913-3205.*

<b>PERSONAL INFORMATION (Please Print)</b>
Last Name:
First Name:
Ms.                      Mrs.                      Mr.
City:
State:
Zip Code:
Home Phone: (optional)
Hobbies: (May be used as criteria if we can't match exact cancer type.)
<b>WHAT FORM OF CANCER? (Please explain below)</b>
<b>OR</b>
<b>ARE YOU A CAREGIVER? (Please explain below)</b>
What is your relationship with the person you care for, i.e., spouse, mother, etc.? (May be used as criteria if we can't match exact cancer type.)
What form of Cancer do they have?
<b>WORK INFORMATION (Please fill out complete information)</b>
Agency:
Department:
Work Address:
Work Phone:
Pager: (Optional)
Cell Phone: (Optional)
City Email Address:
Describe your work experience: (May be used as criteria if we can't match exact cancer type)

We thank you in advance for your interest in the Cancer Buddy's Program. You will be hearing from us soon. If you have any questions, please call us at 720-913-3200.