

OFFICE OF EMPLOYEE ASSISTANCE
REQUEST FORM TO VOLUNTEER AS 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.

PERSONAL INFORMATION (Please Print)
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.)
IF YOU ARE A SURVIVOR PLEASE ANSWER QUESTION BELOW
What form of Cancer?
OR
IF YOU ARE A CAREGIVER PLEASE ANSWER QUESTIONS BELOW
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?
WORK INFORMATION (Please fill out complete information)
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)

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HOW MANY HOURS CAN YOU VOLUNTEER? (Please check one)
1 to 3 hours a week
4 to 6 hours a week
7 to 10 hours a week
PREFERENCE (Please check one)
Mornings
Afternoons
Evenings
DO YOU HAVE ANY VOLUNTEER EXPERIENCE? (Please explain)
ADDITIONAL INFORMATION: The Office of Employee Assistance would like to send letters recognizing your commitment as a Cancer Buddy to your supervisor. Please fill out the information below to give us permission.
May we contact your supervisor?
Supervisor's Name:
Supervisor's Email:

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