





Please list your current/previous volunteer roles:

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What do you hope to gain as a CCA Voices Volunteer?

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We are looking for volunteers who can commit to one year of service and to at least 3 activities within that year. Are you able to commit to that level of service as an Ambassador with the CCA? Yes \_\_\_\_\_ No \_\_\_\_\_

Please detail the type of activities you would like to engage in on behalf of CCA.

- Community Outreach (health fairs, etc.)
- Fundraising events for CCA
- Media advocacy (raising awareness via the media about colon cancer)
- Publication or Web writing
- Political Advocacy (legislative activities)
- Public Speaking
- Representative on Cancer Coalition/Committee
- Support Group Leader: \_\_\_\_\_ or Participant: \_\_\_\_\_
- Other (please detail): \_\_\_\_\_

Do you have any interest in attending trainings and capacity building seminars offered by CCA? Yes \_\_\_\_\_ No \_\_\_\_\_

What type of training would you like to receive?

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What business/corporate/community relationships do you have that might help you and CCA achieve your work in your community and nationally? (eg. connections to hospitals, wellness centers, nonprofits, health care providers, religious communities, educational institutions,...)

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Please list two references. The references can be personal and/or professional.

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Your relationship to the contact \_\_\_\_\_

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Your relationship to the contact \_\_\_\_\_

May we list your information (name, email address, region/city/state) on our web site as a point of contact for our ambassador program in your area?

Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about the Voices Volunteer Program? Please check which one applies:

- \_\_\_\_\_ Website
- \_\_\_\_\_ CCA Buddy Program
- \_\_\_\_\_ Conference/Meeting (which one: \_\_\_\_\_)
- \_\_\_\_\_ Brochure
- \_\_\_\_\_ Event
- \_\_\_\_\_ Another Ambassador (please tell us his or her name: \_\_\_\_\_)
- \_\_\_\_\_ Other (please explain: \_\_\_\_\_)

What other information would you like to include in this application?

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



## **Volunteer Letter of Agreement**

I hereby verify that to the best of my knowledge the above information is accurate. I recognize that as a CCA volunteer, I am a representative of the Colon Cancer Alliance and I will follow the guidelines set forth by the said organization.

I wish to volunteer for the Colon Cancer Alliance. I understand that the nature of volunteer activities that I may perform in my capacity as a volunteer may involve physical activity, contact with unidentified and/or unfamiliar persons, or other activities which pose the potential risk of bodily injury or damage to property. Knowing this and for valuable consideration, I hereby assume full and complete responsibility for any personal injury and/or property damage that I may sustain or cause during my participation as a CCA volunteer. In addition, I hereby release, hold harmless, agree to indemnify and covenant not to file any lawsuit against the colon cancer alliance and any of its employees, volunteers, partners, agents, sponsors, board members and/or successors from, for or arising out of any and all losses, liability or claims I may have arising out of my service as a volunteer.

I understand that as a volunteer, I may become privy to confidential information about the Colon Cancer Alliance. I agree to maintain the confidentiality of any information marked "confidential" as well as any information about the Colon Cancer Alliance's internal procedures, business operations, personnel information, client or member lists, manuals, brochures, guidelines, directives, memorandum, donor lists or other confidential information and the like that is not otherwise publicly disclosed by the Colon Cancer Alliance. I will not use any confidential information in any manner, except as authorized by the Colon Cancer Alliance and will not disclose any confidential or non confidential information that would or could be detrimental to the Colon Cancer Alliance, and I will avoid any actions that might impair the reputation of the Colon Cancer Alliance.

I further understand that I am not an employee of the Colon Cancer Alliance, nor an employee in fact or at law. I further understand I am not an independent contractor, but rather I am a volunteer. I understand I have no rights or claims to be a volunteer and the Colon Cancer Alliance in its absolute and sole discretion shall have the right to terminate my involvement with the Colon Cancer Alliance. I agree that upon termination of my relationship with the Colon Cancer Alliance, I will return all materials which belong to or relate to any work performed on behalf of the organization. I further agree that any materials I create while volunteering for the Colon Cancer Alliance are the property of the organization and I shall have no rights to retain or duplicate those materials without the express written permission of the Colon Cancer Alliance.

I agree with the terms of the above waiver. Please note: If you are under 18, a parent/guardian is only allowed to accept this waiver.

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Signature

You will hear back from CCA within one week of receiving this application!

*Thank you for your interest in becoming a CCA Volunteer.*