

**Jessica June Children's Cancer Foundation**  
**Volunteer Application** 7/23

Thank you for your interest in volunteering for the Jessica June Children's Cancer Foundation (JJCCF). Please provide us with the following information to help us learn more about you.

Title: ☐ Mr., ☐ Mrs., ☐ Miss, ☐ Ms., ☐ Dr. or \_\_\_\_\_ Other Date: \_\_\_\_\_

Name (first, middle, last): \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell number: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Your academic qualifications: \_\_\_\_\_

2. Languages you speak fluently other than English: \_\_\_\_\_

3. Your current employer / position: \_\_\_\_\_

4. Previous volunteer experience: \_\_\_\_\_

**5. How would you like to assist JJCCF?**

- |   |   |
|---|---|
| <input type="checkbox"/> Organizing / Working Social Events | <input type="checkbox"/> Fundraising                                      |
| <input type="checkbox"/> General Office Assistance          | <input type="checkbox"/> Publicity / Media / Press Releases               |
| <input type="checkbox"/> Research / Grant Writing           | <input type="checkbox"/> Writing Skills / Proof Reading                   |
| <input type="checkbox"/> Graphic Design                     | <input type="checkbox"/> Social Media Expertise                           |
| <input type="checkbox"/> Excel / WordPress                  | <input type="checkbox"/> *One-on-one helping assisted children / families |

**\*Working with assisted children / families requires a consent for a background check. An additional application page will be emailed to you.**

☐ Other \_\_\_\_\_

6. Why are you interested in volunteering for JJCCF: \_\_\_\_\_

7. How did you hear about JJCCF? \_\_\_\_\_

Please mail / email application to:  
Jessica June Children's Cancer Foundation  
1 Las Olas Circle, Suite 209  
Ft. Lauderdale, FL 33316

Email: [info@JJCCF.org](mailto:info@JJCCF.org)