

Jessica June Children's Cancer Foundation

Volunteer Application 4/18

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 in addition to 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"/> Photoshop / Excel / WordPress | <input type="checkbox"/> **Meeting Children / Families in Need |

**** Meeting children/families requires having a flexible schedule, vehicle, digital camera, and providing 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