



Volunteer Participation Statement

Name: _____

is an unpaid volunteer at the Cancer Support Community Central Ohio (formerly The Wellness Community – Central Ohio).

Address: _____ City/State/Zip: _____

Phone: (Home) _____ (Work or Cell) _____

CONFIDENTIALITY

I understand that any information acquired during my duties as a volunteer concerning participants, staff, board of directors or other volunteers is to remain confidential and not to be discussed outside of the organization. If any problems arise, I will contact a supervisor.

I further agree to:

- Perform the duties of this position to the best of my abilities
- Volunteer per the following schedule:

- Meet time requirements or provide adequate notice so a replacement may be found

Volunteer Signature

Date: _____