



## VOLUNTEER APPLICATION

**Please mail or email your completed form to:**

Rhonda Johnson, Operations Manager  
4501 Crackersport Rd., Allentown, PA 18104  
[rhonda@pcflv.org](mailto:rhonda@pcflv.org)

Today's Date \_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_    Shirt Size \_\_\_\_\_

Email \_\_\_\_\_

Do you give PCFLV permission to add you to email lists for general/volunteer help requests: \_\_\_\_\_

Home address (**Street**) \_\_\_\_\_

**(City)** \_\_\_\_\_ **(State)** \_\_\_\_\_ **(Zip)** \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Is Your Volunteer Interest: Ongoing \_\_\_\_\_ One time \_\_\_\_\_ For community service \_\_\_\_\_

Please describe your interest in volunteering for PCFLV:

---

---

Do you have any special skills that you bring to your volunteer experience?

---

---

### Emergency Information

Emergency Contact Name\_\_\_\_\_ Relation\_\_\_\_\_

Cell Number\_\_\_\_\_

List any allergies: (Food//Medicine)

---

Other helpful information: \_\_\_\_\_

### Consent to Participate

I hereby request/grant permission for myself/ my child to participate in the PCFLV Volunteer Program. I specifically authorize the following:

\_\_\_ Publicity activities, including interviews, photos, and videotaping. Use of myself/ my child's name and image in print and/or online.

\_\_\_ Contact and summon any and all necessary emergency attendants, including but not limited to medical, dental, and surgical, that may be necessary for myself/my child during any volunteer assignments.

\_\_\_ I release PCFLV and its subsidiaries, their respective employees, representatives and agents and any individuals involved from any liability associated with my or my child's participation in this program.

### Acknowledgment of Confidentiality

I understand that as a volunteer of PCFLV (along with its components and subsidiaries), the performance of my volunteer duties may require me to access or become aware of the following confidential information:

- Names of children and families affected by pediatric cancer
- Personal information about these families
- Business information relating to PCFLV

I understand that approval to access and use this information in verbal, written, or electronic (stored in a computer) form is a privilege. I also understand that access to information is granted to me based on business or clinical "need to know" standards and the responsibilities of my volunteer duties with PCFLV. I understand that I may not seek information that is not required to do my volunteer duties. I also understand that I may share information only when necessary to do my volunteer duties. I agree to store and dispose of information which I use in a way that ensures continued security and confidentiality for PCFLV families.

I understand that the methods I use to get information may only be used in the performance of my volunteer duties. If I required special authorization to access computer-based information, I understand

that my computer sign-on information may only be used by me. I also understand that I may not give my sign-on information to anyone, and that this information is the same as my written signature. I accept full responsibility for any use of my sign-on information.

I declare that I have read and understand this acknowledgment. I have had an opportunity to ask questions and have them answered. I recognize that giving confidential information at any time during or after my volunteering or affiliation with PCFLV may cause irreparable damage to PCFLV, the children, and families. Accordingly, PCFLV or the owner of such information may seek legal remedies against me, such as fines, criminal penalties, suspension or termination of volunteering.

---

**Signature of Volunteer**

**Date**

---

**Parent Signature (if volunteer is under 18)**

**Date**