



BETH C. WRIGHT CANCER RESOURCE CENTER,  
23 Commerce Park, PO Box 322, Ellsworth, ME 04605  
664-0339

### VOLUNTEER APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Email \_\_\_\_\_

Date of Birth  
(Optional) \_\_\_\_\_

Interests, Skills, Hobbies, Training \_\_\_\_\_

\_\_\_\_\_

Previous work or volunteer experience \_\_\_\_\_

\_\_\_\_\_

Volunteer opportunities you are interested in \_\_\_\_\_

\_\_\_\_\_

Day and time preferred \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please provide the contact information for two references

1. \_\_\_\_\_

2. \_\_\_\_\_