

THE CCFOT REQUESTS TWO REFERENCES.

Please have two people sign below that they agree that you exemplify integrity and high moral character.

Name _____ (First/Initial/Last)

Address _____
Street City Zip

Home Phone _____ Work Phone _____

Mobile Phone _____ Email _____

Signature _____

Name _____ (First/Initial/Last)

Address _____
Street City Zip

Home Phone _____ Work Phone _____

Mobile Phone _____ Email _____

Signature _____

For Office Use Only:

Volunteer Placement Site/Day/Frequency _____

Start Date _____

Training location & date _____

PLEASE READ THE FOLLOWING INFORMATION ABOUT CCFOT:

Cancer Care Foundation of Tidewater provides information, financial assistance & emotional support to those touched by cancer in the Tidewater community.

The Cancer Care Foundation of Tidewater (CCFOT) is a unique organization striving to identify and fulfill the individual, personalized needs of cancer patients and their families. The foundation provides funding for a variety of support programs focusing on improving the patient's physical and emotional well-being during treatment. This support helps reduce the stress of maintaining daily routines during treatment and contributes to retaining the patient's dignity and quality of life. The funds obtained are to be used to direct activities that are patient-focused, acts of kindness, and caring that makes a difference. CCFOT strives to be an integral part of the Tidewater community accommodating patient needs and providing needs and providing a personal touch to those patients afflicted with cancer.

I certify that I have read the above statements and will strive to help the Foundation accomplish its mission and goals. I will accept training that will help me n my volunteer work.

Signature: _____