

In their words

I am so grateful, happy and appreciative of what your organization has done for me. Cancer Care Foundation is so uplifting and helpful to cancer patients like me, so I just want to thank all of you
- Shelia B., Patient

You are a blessing to all our patients! Thank you.
- Debbie B., Nurse

my daughter and I were both served by one of the volunteers. We both shed a few tears, as we were so touched by that kindness. We decided at that time that we would also like to become volunteers
- Carolyn M., volunteer



Cancer Care Foundation of Tidewater is an independent not-for-profit organization dedicated to supporting the emotional and non-medical needs of cancer patients and their caregivers in our community. We support cancer patients in treatment at an individual level, regardless of diagnosis, age, race, gender or socio-economic status.

Connect with us

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We think you'd make a great volunteer.



VOLUNTEER APPLICATION

We're all in this TOGETHER.

Cancer, or any devastating diagnosis really, is the ultimate paradox. It is a path that is truly for the patient to walk alone. However, the miracle of community is that we are bound by a common thread of experience. All of us at Cancer Care Foundation of Tidewater have experienced cancer in one way or another.

The vast majority of our volunteers are themselves cancer patients, cancer survivors or caregivers who donate their time and talent to "pay it forward."

The Acts of Kindness volunteer program requires no special skills or professional training. All you need is an open heart, a caring spirit and a willingness to listen. *What we do require is a minimum commitment of 6-12 months.*

The program generally takes place between 11 a.m. to 1 p.m., Monday through Friday at Virginia Oncology Associates infusion clinics in Hampton Roads and northeast North Carolina. Teams gather at each location to offer a variety of foods and drink to patients undergoing treatment that day. The primary purpose of our Acts of Kindness volunteer program is to connect with patients and caregivers. Our volunteers provide emotional support by easing fears, reducing stress and, in many cases, creating meaningful friendships.



Yes, there IS something you can do.

If the Acts of Kindness program sounds like the right fit for you, please complete this application and return it to us by fax or mail (listed on the back). If you have questions or would like more information please give us a call. We thank you for your interest in Cancer Care Foundation of Tidewater.

Name _____

Address _____

City/State/Zip _____

Date of Birth _____ Gender _____

Home phone _____ Cell phone _____

Email _____

Best way to reach you (circle one): Home phone Cell phone Text to cell phone Email US Mail _____

Occupation/Retired _____

If you are a cancer survivor, what type of cancer? _____

How many years out? _____ May we list this on your name tag? _____

Are you interested in volunteering at or hosting a Cancer Care Foundation fundraiser or event? _____

Can we contact you to sub? _____

The Acts of Kindness program is not a fit for me, but I would like to contribute in this unique way _____

PLEASE INITIAL: _____ I give permission for Cancer care Foundation of Tidewater to take my picture for use in company literature and marketing.

To the world, you may be one person, but to one person, you may be the world.—Anonymous