 **Crafter Volunteer Application**

**\_\_\_\_\_ Group Application**

**Crafting Group Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Name & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_ Individual Application**

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

**Nickname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Cell Phone \_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you find out about our crafter volunteer program?**

**\_\_\_\_\_ Newspaper \_\_\_\_\_ Fox Chase Cancer Center Web Site**

**\_\_\_\_\_ Church/Synagogue \_\_\_\_\_ Fox Chase Cancer Center Visitor**

**\_\_\_\_\_ Other \_\_\_\_\_ Craft group**

**\_\_\_\_\_ Volunteer Newsletter \_\_\_\_\_ Friend**

I understand that I will not be paid for my services as a volunteer. I certify that the statements made on this Application Form are true and correct, and have been given voluntarily. I understand that falsification of any information is grounds for dismissal. I voluntarily give FCCC the right to make an inquiry of my past experience and I agree to cooperate in such inquiries and release from all liability or responsibility all persons, companies and corporations supplying such information.

In addition, I agree that I will keep confidential all materials that I may read or learn about during my volunteer experience. If I ever use any part of my experience in writing, I agree that a member of the staff will review in order to protect the confidentiality and legal rights of the patients.

I agree to follow material, size and cleaning guidelines\*\* when making handmade items for the patients of Fox Chase Cancer Center and submit a Crafter Donation Form with the items.

**Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 \*\* All items should be made from Acrylic yarn for easy laundering.

 Lap blankets should measure 36” x 36”

 All donated items should be freshly laundered and free from any odors or fragrances.

***Crafter Donation Form***

***Volunteer Services***

*Dear Crafter,*

***Thank you*** *for your donation of hand crafted item(s) for a Fox Chase Cancer Center Patient.*

*Your donation will be presented as a gift to the patients.*

*Please provide us with your name, contact information, what you made and the time you spent making this item so that we can keep track of your donation(s). If you have donated before or there is no change to your contact information, just complete the name, item and hours sections. Please remember that all items should be freshly laundered so they are ready to present to a patient. If you need supplies to make any of these items, please talk with Carol or Helen in the office.*

*As noted in the volunteer newsletter, it is important for us to capture the hours volunteers like you donate to Fox Chase, including time spent making the gifts for our patients as well as the time volunteers spend visiting the patients. Management uses these numbers to support our budget requests. So even if you are not one of the volunteers who appreciate being recognized for a “number”, please respect the underlying important reasons we have to keep track of our hours.*

*Donations can be dropped in the volunteer office Monday through Friday from 9 am until 4 pm.*

*We are located on the 3rd floor of the hospital near the Surgical Family Waiting Lounge.*

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(**Individual’s name or group name if submitting as part of a group)

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Donor type:** \_\_\_\_\_First time donor \_\_\_\_\_ Repeat donor \_\_\_\_\_ Individual \_\_\_\_\_ Group

**Date Delivered**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**QUANTITY: ITEM TYPE ESTIMATED TIME (hours) TO COMPLETE**

\_\_\_\_\_ Afghan(s) \_\_\_\_\_\_\_\_

\_\_\_\_\_ Lap blanket(s) \_\_\_\_\_\_\_\_

\_\_\_\_\_ Hat(s) \_\_\_\_\_\_\_\_

\_\_\_\_\_ Fleece Blanket(s)\_\_\_\_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_\_\_\_Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_\_\_\_Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_\_\_\_Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Thank you!***