

Volunteer Application

Please complete the following application and e-mail to Diane McManama, Volunteer Coordinator, at volunteer@elliefund.org.



SUPPORTING PATIENTS • FUNDING CARE • PROVIDING HOPE

The Ellie Fund has a variety of volunteer opportunities that vary in skill level and time commitment. Please remember that volunteering is a time commitment and it is important that you find a place to volunteer your time that best matches your skills, interests and availability.

Contact Information

Name	
Street Address	
City, State, Zip	
Cell Phone	
E-mail Address	
Employer & Occupation	

Availability

During which hours are you available for volunteer assignments?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

Interests

Tell us in which areas you are interested in volunteering

- Special Events**
 - Event planning and promotion**
Solicitation of in-kind donations, ticket sales, social media promotion
 - On-site event work**
Registration, live/silent auction monitoring, raffle sales
- Fundraising**
 - Corporate/Foundation Grants**
Connect the Ellie Fund with companies and foundations with open grant opportunities
 - Students for Hope**
Connect the Ellie Fund with local schools, athletic teams and scholastic groups
 - Do Good Campaign**
Connect the Ellie Fund to local businesses for a partnership during National Breast Cancer Awareness Month in October
- Patient Services**
 - Dish & Deliver**
Monthly meal delivery service (second Thursday) - pick up meals at Dream Dinners (Framingham) and deliver to a patient's home (primarily for June, July and August)
 - Hospital Outreach**
Contact hospitals and medical facilities unfamiliar with the Ellie Fund, educating them on how we can help their patients
- Office Administration**
Invitation/mailling assembly, data base entry

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Additional Information

- Are you 21 or older?
(you must be 18 or older to apply) Yes No
- Do you have access to a vehicle? Yes No
- Do you have access to public transportation? Yes No

Emergency Contact

Name	
Home Phone	
Cell Phone	
Relationship	

References

Please list contact information for two people (excluding relatives) with whom you have worked or volunteered. We may contact your references.

	Reference 1		Reference 2
Name	<input type="text"/>	Name	<input type="text"/>
E-mail Address	<input type="text"/>	E-mail Address	<input type="text"/>
Cell Phone	<input type="text"/>	Cell Phone	<input type="text"/>
Relationship	<input type="text"/>	Relationship	<input type="text"/>

Thank you for completing this application form and for your interest in volunteering with us!