

Required Information

First name

Last name

Street 1

Street 2

City

State

E-mail

Zip

Home phone #

Cell phone #

Work phone #

Best way to contact you

Personal Information

What's your gender?

What's your date of birth? (mm/dd/yy)

Are you a melanoma survivor?

If yes, when did you complete you treatment?

**Are you a spouse, relative or friend to
someone who has/had melanoma?**

If yes, what's the relationship?

**How much time would you be able to commit
per month to volunteering for Billy's
Buddies?**

**Which area(s) would you best be able to
volunteer for?**

Volunteer Experience

Why do you want to volunteer for Billy's Buddies?

Have you had any other experience volunteering?

If yes, what was the experience?

Educational Background & Work Experience

Highest level of education completed?

Employment history (Please list most recent)

Years of
Service

Name of Company/Organization (include city & state)

Current employer

Past employer

Past employer

Past employer

References- Please list 3 references whom we may contact.

Reference #1 Name:

Relationship to you?

Phone number?

E-mail address?

Reference #2 Name:

Relationship to you?

Phone number?

E-mail address?

Reference #3 Name:

Relationship to you?

Phone number?

E-mail address?

Please answer "yes" to accept:

I understand that my acceptance into Billy's Buddies is contingent upon the results of a CORI (Criminal Offender Record Information) background check and completion of the Billy's Buddies Volunteer Training Program.

Print your name

Date

Your Signature