



Walk With Sally
...one child at a time

Volunteer Interest Survey

(To be completed by the prospective volunteer only, not as a prospective mentor)

This survey will help Walk With Sally know more about you and your interests. By completing this volunteer survey from, this will help Walk With Sally match your interests with our volunteer needs. Please return the survey to the Program Director at 23133 Hawthorne Blvd. Ste. B15, Torrance, CA 90505

Thank you for creating the time to LIVE love, SHARE love and SEND love into the future with your contribution as a volunteer for Walk With Sally.



Personal Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

Social Sec. #: _____ (if working with directly with children, Walk With Sally requires a background check)

Date of Birth ___/___/___ Gender: Male Female

Referred by: _____

What aspect of Walk With Sally most motivates you to want to volunteer?

What do you hope to gain from your volunteer experience with Walk With Sally?

What is your vision for Walk With Sally?

Do you have any physical limitations or are you under any course of treatment that might limit your ability to perform certain types of work?

Skills and Interest

a. Current Occupation:

b. Education:

c. Hobbies, interests:

d. Please list any special skills (Language, public speaking, fundraising, media, social event planning, location/theme events, children activities, Child psychology, IT, writing or other) _____

e. Do you have any computer skills?

Preferences in Volunteering

Please check any and all opportunities you may be interested in:

Speakers Bureau - Visit community organizations and companies to speak about Walk With Sally.

Outreach Activities – Help coordinate and attend community fairs and other community events.

Corporate and company sponsorships - Help coordinate and plan events such as quarterly mixers and/or Special events, i.e. WWS Walk or other large scale benefit event.

Walk With Sally Welcome / Orientation Session

Friendship Activities – help coordinate and plan quarterly WWS Fun Friendship activities for all the “WWS Friendships” (i.e. Whale Watching, Disneyland Day, Day at the Beach, Golf Fun etc....)

Office help Fundraising Wherever I am Needed

I am a cancer survivor. Someone I know/love has cancer and he/she has child(ren)

Please note: Most volunteer opportunities are very flexible during the weekday, weekends and evenings. What are the most convenient times for you to meet regarding Walk With Sally activities? Please check all that apply.

Weekdays: Lunchtime: Day: Evenings:

Weekends:

Other:



Walk With Sally appreciates your interest in becoming a volunteer.

Please initial each of the following:

I agree to follow all policies and procedures of Walk With Sally.

I understand that any violation of the policies and procedure will result in suspension and/or termination of my volunteer participation.

I understand that Walk With Sally is not obligated to provide a reason for their decision in accepting or rejecting me as a volunteer.

(optional) I agree to allow Walk With Sally to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- ***Copy of your valid driver's license and proof of auto insurance***
- ***Information Release Form***
- ***Interest Survey Form***

By signing below, I attest to the truthfulness of all information listed in this application and agree to all the above terms and conditions.

Signature

Date

Walk With Sally Volunteer Release Form

Date: _____

Walk With Sally, Inc.
501c3 Nonprofit Public Benefit Corporation

Name _____

WWS Director or Coordinator or Officer? Yes No

Date of Birth _____

Street _____

City State Zip _____

Phone (Home) () _____ **Work ()** _____

Fax () _____ **E-mail** _____

Type of Event(s) _____

Social Security Number (if working directly with children) _____

Emergency Contact Information

Name _____ **Relationship** _____

Phone _____

Do you have any health issues that we should be aware of? _____

I wish to volunteer for Walk With Sally.

If working directly with children, I understand it will be necessary for Walk With Sally to conduct a background check regarding my driving record, criminal history, personal references, and employment from any state or federal agency, my employer, and personal references. I give permission for Walk With Sally to conduct the same investigation of my background nationwide, including in previous states in which I have resided.

I understand that the nature of volunteer activities that I may perform in my capacity as a volunteer may involve physical activity, contact with unidentified and/or unfamiliar persons, or other potential risk of bodily injury or damage to property. Knowing this and in consideration of being allowed to volunteer, **I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY PERSONAL INJURY AND/OR PROPERTY DAMAGE THAT I SUSTAIN OR CAUSE DURING MY PARTICIPATION AS A VOLUNTEER. IN ADDITION, I HEREBY RELEASE, HOLD HARMLESS AND COVENANT NOT TO**

FILE SUIT AGAINST WALK WITH SALLY AND ANY OF THEIR EMPLOYEES, VOLUNTEERS, PARTNERS, AGENTS, SPONSORS, BOARD MEMBERS AND SUCCESSORS FROM ANY AND ALL LOSS, LIABILITY OR CLAIMS I MAY HAVE ARISING OUT OF MY SERVICE AS A VOLUNTEER.

I understand that as a volunteer, I may become privy to confidential information about Walk With Sally. I agree to maintain the confidentiality of any information marked “confidential” as well as any information about the Walk With Sally’s internal procedures, business operations, personnel information and the like that is not otherwise public disclosed by Walk With Sally. I will not use any confidential information in any manner that would be detrimental to Walk With Sally and I will avoid any actions that might impair the reputation of the Walk With Sally.

By signing below, I attest to the truthfulness of all information listed in this application and agree to all the above terms and conditions.

Printed name of volunteer: _____

Volunteer’s Signature: _____

Parent’s or Guardian’s Signature: _____
(If volunteer is under age 18)

Date: _____

Please send

- ***Copy of your valid driver’s license and proof of auto insurance (if working directly with children)***
- ***Information Release Form***
- ***Interest Survey Form***

...To Walk With Sally at
1613 Chelsea Road Ste 807
San Marino, CA 91108
Tel (310) 784-7755
Emergency (626) 862-7100
Fax (626) 289-5946
Email: info@walkwithsally.org