



A Non-Profit Charity Federal 501(C)3  
PHONE: (631)470-1198 FAX: (631)223-3964 164 MAIN STREET \* HUNTINGTON, NY 11743  
[www.haveaheartcharity.org](http://www.haveaheartcharity.org)

**VOLUNTEER APPLICATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Experience: \_\_\_\_\_

\_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

Availability/Hours:

M \_\_\_\_\_ Tu \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sa \_\_\_\_\_ Su \_\_\_\_\_

Dates Available

\_\_\_\_\_

Student Status- (Please Circle) Elementary Middle School High School College NA

How did you hear about us? \_\_\_\_\_

Reference and Contact Information: \_\_\_\_\_

Driver License #: \_\_\_\_\_ STATE \_\_\_\_\_ DOB \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Our Mission Is...**

Dedicated to alleviating the financial burden of families with children diagnosed with cancer.