



## Kindred Connections

*From diagnosis through treatment and beyond.*

*We are an organization of trained and  
compassionate volunteers available to those  
whose lives are affected by cancer.*

*Our goal is to provide support.*

### Volunteer Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Contact: H. Phone: \_\_\_\_\_ W. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date-of-Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

Type of Cancer, Subtype, and Stage (tell us what you know) \_\_\_\_\_

\_\_\_\_\_

Year of Diagnosis(s): \_\_\_\_\_

Surgery: \_\_\_\_\_

\_\_\_\_\_

Treatment: Chemotherapy: (list drugs if you remember) \_\_\_\_\_

\_\_\_\_\_

Radiation: \_\_\_\_\_

Drug Trials: \_\_\_\_\_

Present Health: \_\_\_\_\_

(Over)

What special skills or interests would you like us to know about you?

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**(2) REFERENCES**

**#1**

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

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

Phone Number: \_\_\_\_\_

**#2**

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

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

Phone Number: \_\_\_\_\_

How did you hear about Kindred Connections? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_