



## Noogieland Volunteer Application

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

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

Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_  
Fax: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Current Employer (or School): \_\_\_\_\_  
Address: \_\_\_\_\_  
Title (or year in school): \_\_\_\_\_

I am interested in working with children in Noogieland because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My strengths and special talents for working with children include: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My previous experience working with children includes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please complete BOTH sides of this application.)

My expectations for participation as a volunteer in Noogieland are: \_\_\_\_\_

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Please indicate if there's anything likely to prevent you from keeping a one-year commitment to the program: \_\_\_\_\_

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Given the nature of the work at Gilda's Club Noogieland, we are required to obtain the following information:

1. Have you ever been convicted of a crime? \_\_\_\_\_  
If yes, please specify: \_\_\_\_\_
2. Do you currently use drugs or alcohol? \_\_\_\_\_
3. Have you been hospitalized within the last five years? \_\_\_\_\_  
If yes, please list for what purpose: \_\_\_\_\_  
\_\_\_\_\_
4. Please list any prescription medications you are currently taking: \_\_\_\_\_  
\_\_\_\_\_

Gilda's Club reserves the right to accept or reject any potential Noogieland volunteers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Official Use Only**

Date of Orientation \_\_\_\_\_ Notes \_\_\_\_\_

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**Please return your completed application (INCLUDING 2 REFERENCES) to  
Gilda's Club Westchester, attention Miranda Dold:**

**Fax to: 914-644-8284 OR Email to: mdold@gildasclubwestchester.org**

**OR Mail to: Gilda's Club Westchester, Attn: Miranda Dold, 80 Maple Avenue, White Plains, NY 10601**



## Letter of Reference

Name of Prospective Volunteer: \_\_\_\_\_

The above person wishes to volunteer at Gilda's Club Westchester in Noogieland, our support program for children with cancer and children who have a family member with cancer. Please complete the following information and return to the address printed below.

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

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

Telephone: \_\_\_\_\_

Length of time you have known this person: \_\_\_\_\_

In what capacity have you known this person:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special talents and skills this person possesses that would benefit children attending Noogieland:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you recommend this applicant to Gilda's Club Noogieland? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this reference to Gilda's Club Westchester, attention Miranda Dold:**

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