



CARTI Volunteer Application

To be considered for volunteer opportunities at CARTI, you must first complete the following volunteer application. Once your application is received, you will be contacted to schedule Orientation. Contact Shannon Gwinn at 501-412-8567 or Shannon.Gwinn@CARTI.com with any questions.

First Name: _____

Last Name: _____

Street Address: _____

City, State Zip: _____

Cell Phone: _____

Work Phone: _____

E-mail Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Employer: _____

City, State: _____

Your Job Title: _____

Areas of Interest (check all that apply):

- CARTI Cancer Center/Clinic, patient contact
- CARTI Cancer Center/Clinic, non-patient contact
- Clerical
- Waiting Rooms
- CARTI Gift Shop
- CARTI Lab
- CARTI Surgical Center
- Special Events



List any friends or relatives working for CARTI:

Name: _____

Relationship: _____

Availability: (Check all that apply)

- Morning
- Afternoon
- Evening
- Weekends (special events only)
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday (special events only)
- Sunday (special events only)

How did you hear about us?

- Television
- Newspaper
- Mail
- School
- Family/Friends
- Referred by a patient
- I am a former patient
- Other

Have you ever been charged or convicted of a felony that resulted in anything other than a finding of "Not Guilty."

- Yes
- No

If yes, please describe the nature of the offense and the punishment you received:



If you are under 18 years of age (ages 14-17) please note: we are unable to accept volunteers under the age of 14.

Name of school: _____

Grade you are currently in: _____

Please read the following carefully:

I hereby authorize CARTI and/or its agents to make an independent investigation of my background, criminal or police records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for volunteering now and, if applicable, during the tenure of my volunteer career with CARTI.

Opportunity for participation in the Volunteer Program is provided without regard to race, color, religion, sex origin, age, disability, veteran's status or any other legally protected status.

For Office Use Only

Start Date: _____

On-Site Supervisor: _____

Location: _____

Volunteer Training Completed (circle one): Y/N

HIPPA Training Completed (circle one): Y/N

Printed Name: _____ Date: _____

Signature: _____

Parent/Guardian Signature (if under 18): _____