

|  |  |
| --- | --- |
| Volunteer Application – |  |

## Contact and Personal Information\* (\*Required Questions)

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Street Address |  | |
| Suburb |  | |
| Post Code |  | |
| State |  | |
| Preferred Phone Contact |  | |
| E-Mail Address |  | |
| Age |  | |
|  |  |

## How did you find out about Survivors Teaching Students Program\*

|  |
| --- |
| ANZGOG Promotion/Flyer |
| Internet |
| Doctor  Nurse  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Motivation for Interest in the Program\*

### Tell us about yourself (*The following information is held in strict confidence and is only used to assist us to support you in your participation in this program.)*

|  |
| --- |
| \*Survivor (Personal experience of ovarian cancer):  *Date of Diagnosis Stage at Diagnosis Currently in Treatment? Yes No* |
| \*Caregiver/Family (Currently caring for or have cared for woman close to you diagnosed with ovarian cancer):  *Date of Diagnosis Stage at Diagnosis Currently caring? Yes No* |
| \*Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Volunteer Role\*

### Tell us in which areas you are interested in volunteering. \*NB: Please see Conditions of Participation - Presenters and Facilitators must have personal experience of ovarian cancer, as you will be trained to tell your personal story to students.

|  |
| --- |
| Presenter (Telling your story) |
| Facilitator (Managing Presenters Pod, Training and giving Presentations as required) |
| Regional Coordinator (Liaise with Universities, Facilitators to coordinate Presentations, Recruit and Train Volunteers) |
| Availability\*City and State where Presenting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_During which hours are you available to volunteer for the Survivors Teaching Students Program?  |  |  | | --- | --- | | Weekday mornings | Weekend mornings | | Weekday afternoons | Weekend afternoons | |

## Special Skills or Qualifications (Optional)

### Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, that you think would be relevant to your volunteering here.

|  |
| --- |
|  |

## Previous Volunteer Experience (Optional)

### Summarize your previous volunteer experience if any.

|  |
| --- |
|  |

## Person to Notify in Case of Emergency\*

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| Suburb |  |
| Postcode |  |
| Best Contact Phone no. |  |
| Relationship |  |
| E-Mail Address Other ANZGOG Activities\*\* May we contact you about other ANZGOG volunteer activities? **YES NO**  \*\*At times we have the opportunity to attend local health forums and events to help recruit for STS®. We are always looking for help staffing these booths. ANZGOG will provide all materials and shipping and will walk you through any logistics necessary. Additionally, we would like to be able to share with you events happening in your area that you might be interested in. |  |

## Conditions of Volunteer Participation

### *Survivors Teaching Students is a Volunteer Program. We value the time and effort involved in your participation and contribution. We offer reimbursement (Forms will be provided) for travel expenses for presentations to designated Universities and Schools.*

### *Any ovarian cancer survivor or caregiver is eligible to participate in this program as Presenter or Facilitator.*

### *A caregiver is defined as someone who was or is closely involved in a survivors' cancer journey and can speak to her various stages from diagnosis through treatment. Area Coordinators have team management and coordinating roles and do not present to students. Enquiries for this role can be from any interested party with the required skills.*

### *Each volunteer Presenter/Facilitator is expected to write down her/his experience with ovarian cancer—their story—and bring the written story to the follow-up meeting with the National Coordinator/or National Volunteer Facilitator. A sample story outline is provided to help the volunteer draft their story. Presenters must adhere to time limits as well as provide key messages. Prior to Application, all volunteers need to have read and agreed to the Program Guidelines. FAQs will be provided to all interested parties. Volunteers who cannot comply with program guidelines will not be allowed to present.*

### *On acceptance of your Application, you will be advised of the next available Training date. During the training, the facilitator will help edit each story to a seven minute presentation. For sake of time, facilitators may have volunteers submit their stories via email so editing can be completed with you prior to training.*

### *We thank you for your interest and look forward to working with you.*

## Agreement and Signature\*

### By submitting this application, I accept the Conditions and confirm I have read the Program Guidelines*.* Iaffirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

### It is the policy of this organization to provide equal opportunities to all. We do not discriminate based on gender, sexual orientation, age, race, religion, or disability.  ANZGOG recognizes that not all ovarian cancer survivors/caregivers will be ready and able to participate in the STS program. We reserve the right to turn down any applicant.

### Thank you for completing this application form and for your interest in volunteering with us.

**Please complete all required questions\*** **and return form to ANZGOG via email:**

**Attention Kay Knight** [finance@anzgog.org.au](mailto:finance@anzgog.org.au)

Information gathered is for use of the Australia New Zealand Gynaecological Oncology Group (ANZGOG) in conjunction with administration of the *Survivors Teaching Students® Program*. (ANZGOG does not share or sell information obtained.)

## OFFICE USE ONLY – TO BE COMPLETED BY ADMINSTRATOR OR FACILITATOR

|  |  |
| --- | --- |
| Date Application Received |  |
| Date Enrolled as Participant |  |
| Date Volunteer completed Training |  |
| Date of Dx |  |
| Date of Bx |  |

Once training is completed, please enter the date completed, email completed form to Helen Gooden at [sts@anzgog.org.au](mailto:sts@anzgog.org.au) and send a copy to your Area Coordinator as advised.