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Men's WAR (Without A Roof) with Prostate Cancer, Inc.
A North Carolina Nonprofit Corporation

Section 1: Volunteer Application Form

Version 1.0 – Last updated November 2025

Men's WAR (Without A Roof) with Prostate Cancer, Inc.

Volunteer Application – Trauma-Informed and Participant-Centered

Part 1: Personal Information

Full Name: _____ Preferred Name (optional): _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

Emergency Contact Name: _____ Emergency Contact

Phone: _____

Relationship to Emergency Contact: _____

Part 2: Availability

Days Available (check all that apply):

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

☐ Saturday

☐ Sunday

Preferred Time of Day:

☐ Morning

☐ Afternoon ☐ Evening

Contact (for coordination only): info@menswarprostatecancer.org | Website: menswarprostatecancer.org

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Part 3: Skills & Interests

Areas where you feel comfortable contributing (check all that apply):

- ☐ Outreach & Awareness
 - ☐ Event Support
 - ☐ Administrative Assistance
 - ☐ Social Media / Communications
 - ☐ Fundraising Support
 - ☐ Other (please specify): _____
-

Part 4: Experience (Optional)

Prior volunteer or professional experience you'd like to share:

Part 5: Role Preference

Which volunteer role(s) interest you most?

Part 6: Consent & Agreement

I affirm that the information provided is accurate to the best of my knowledge.
I understand that completing this application does not guarantee placement,
and that volunteer roles will be assigned based on organizational needs and
my skills and availability.

Signature: _____ Date: _____

Printed Name: _____

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