SOUTH CAROLINA
CANCER ALLIANCE

January 14, 2026

SCCA Volunteer Ambassador Sign-Up Form

Thank you for your interest in becoming a Volunteer Ambassador for the South Carolina Cancer Care Alliance (SCCA). As an ambassador, you will play a vital role in raising awareness about cancer care, sharing your personal story, and supporting our mission to provide exceptional care to patients and their families.

Personal Information

Full Name: _____

Email Address: _____

Phone Number: _____

Address: _____

Ambassador Role

Please briefly describe your story and why you would like to become an SCCA Volunteer Ambassador:

_____

_____

_____

Availability

Preferred Days/Times for Volunteering: _____

Agreement

By signing below, I agree to volunteer my time as an SCCA Ambassador to help raise awareness and share my story. I understand that this is a voluntary position and does not include monetary compensation.

Signature: _____

Date: _____

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