

BEAR NECESSITIES PEDIATRIC CANCER FOUNDATION CHAPTER COORDINATOR APPLICATION



Bear Necessities Pediatric Cancer Foundation, Inc.
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Purpose

The purpose of the Chapter is to create a needed *National presence and awareness of the programs and services that Bear Necessities Pediatric Cancer Foundation provides, which can ultimately benefit pediatric cancer communities and hospitals across the country.*

Goal

The goal is to raise awareness in communities about pediatric cancer, provide the many needs surrounding the disease, and allow Bear Necessities Pediatric Cancer Foundation to help and support children and families who struggle each day with this terrible disease.

Role of Chapter Coordinator

Bear Necessities Pediatric Cancer Foundation is at a pivotal and important stage in its development as we embark to successfully expand our mission with initiatives on a comprehensive national platform. We currently fund National research initiatives (**Bear Discoveries**) and now you can be a part of this exciting movement by volunteering as an important Chapter Coordinator in your community. It is an innovative and relatively easy way to get involved in the grass roots fight against pediatric cancer.

Serving as Chapter Coordinator is simple – you will oversee one or multiple activities in your community. The funds you raise will directly support pediatric cancer patients in YOUR community!

Bear Necessities is seeking volunteer Chapter Coordinators who will bring the Bear Necessities brand name and mission to their community at large. ***OUR MISSION is to eliminate pediatric cancer and to provide hope and support to those touched by it.***

As a Chapter Coordinator you will be asked to volunteer for a two-year term. The goal will be to raise a minimum of \$5,000 on an annual basis, while building brand awareness and being a strong advocate for

pediatric cancer. The funds raised will directly benefit pediatric cancer programs in the region it was raised in or funds will help with Bear Necessities' programs and services overall. Each Chapter Coordinator will be given the necessary resources and tools that will help them successfully execute fundraising and brand-awareness efforts.

Once the National home office has identified and secured a hospital(s), the Chapter Coordinator; in collaboration with the home office, will be responsible for establishing and cultivating a continual relationship with the hospital and its staff. **After close collaboration with the hospital staff, a key project will be identified for funding which provides the most impact to patient/families, in accordance with Bear Necessities' Support Services and Financial Support Services (Bear Hugs).** Funds will be distributed to the project(s) on a **need basis depending on the program that will be funded.**

Application Process / Volunteer Screening

A potential Chapter Coordinator is asked to:

- Complete an application
- Submit a resume
- Submit 3 professional and 2 personal references ■ Complete a background check
- Complete a phone and/or one-to-one interviewing process with executive staff
- Be conversant of the history/background of Bear Necessities prior to phone interview

An individual will be accepted as the Chapter Coordinator for their region if s/he is well-versed in the mission and history of Bear Necessities, exemplify passion and professionalism for the foundation and program goals, and is capable and ready to fundraise and is an overall good fit for the organization.

If accepted, the new Chapter Coordinator will be officially notified, and will receive a Bear Necessities Chapter Manual outlining all the necessary information needed for the Chapter Coordinator to function in their role responsibly and successfully. Additionally, the manual will include basic information about Bear Necessities and its brand name.

Chapter Coordinator By-Laws

All Chapter Coordinators must exemplify and communicate the Bear Necessities Pediatric Cancer Foundation brand and mission at all times.

All Chapter Coordinators will serve a two-year volunteer term. There will be a six month evaluation, one year review and two year review at the close of their official term.

Each Chapter location will follow Bear Necessities' fiscal year calendar of July 1st – June 30th. However, depending when the Chapter Coordinator had accepted their role to serve into the program, a full year (fiscal year) may not be served.

Chapter Coordinators are entirely responsible for their fundraising events, however, they can request collateral items from the office, but they must secure their own in-kind donations, sponsors, locations, contacts, etc.

All Chapter Coordinators are responsible for raising a minimum of \$5,000.00 on an annual basis.

All purchases made that require reimbursement should be purchased tax exempt. The home office will provide proper tax exemption status for the state in which the program exists so this is possible. All reimbursements will require proper receipt documentation.

The final accounting report from the event or fundraising initiative is required within 30 days of the event. All Chapter Coordinator's efforts must follow the benchmark goal **for 80% or more of the gross revenues raised to**

go to Bear Necessities for allocation.

Separate Chapter accounts will be established and all monies will be processed through the National office. Of the funds raised, 90% will serve the community in which it was raised and 10% will be allocated to the National office for administrative fees and for research.

Evaluations

- A. Quarterly conference calls with National office
 - o Discuss your projects (i.e., fundraising/awareness events/efforts)
 - o Provide assistance, feedback, coaching in relation to your efforts
 - o Discuss hospital meetings and relations and allocation of funds
 - o Best practices
 - o What's new with Bear Necessities on a National level

- B. After the completion of a fundraiser, an evaluation will be conducted between the Chapter Coordinator and the National office.

- C. All Mandatory Six-month Update Worksheet will be reviewed and evaluated by the National office.

- D. Additionally, a one and two year evaluation of the Chapter Coordinator will be conducted with the National Office, as well as self-evaluation.
 - 1st year
 - o Written and verbal evaluation from National office
 - o Discuss improvements for next year
 - 2nd year
 - o Written evaluation National office as well as self-evaluation and goals

After evaluation, the National office will determine the direction of program if they will:

- o Continue Chapter Program in current location
 - o Accept applications for new Chapter Coordinator (only if needed)
 - o Terminate the Chapter location. Terms can be extended for an additional two years by a mutual agreement between Bear Necessities and the Chapter Coordinator. If the Chapter Coordinator chooses not to continue with the program, they are responsible for recruiting the next Chapter Coordinator to prevent a lapse in the program.
 - o Elevate the Chapter Program to become an official Chapter. This decision will depend on the sustainability of the location and include variables such as (but not limited to) the number of volunteers, the strength of the Chapter Coordinator, the amount of funds raised, and, the viability of community support.
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Application

Bear Necessities Pediatric Cancer Foundation
VOLUNTEER CHAPTER COORDINATOR APPLICATION

1. BASIC INFORMATION

Name:

Address: [Click here to enter text.](#)

City: [Click here to enter text.](#) State: [Click here to enter text.](#) Zip: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Phone: (home) [Click here to enter text.](#) (Mobile) [Click here to enter text.](#)

Chapter Location: [Click here to enter text.](#)

2. DETAILED INFORMATION

Interest or connection to Bear Necessities' mission:

[Click here to enter text.](#)

Briefly describe why you want to be a Chapter Coordinator and why you are qualified.

[Click here to enter text.](#)

3. Please share any personal experiences with cancer or serious illnesses.

4. Past/Present Volunteer Experience:

[Click here to enter text.](#)

6. REFERENCES (please provide 3 references who can speak about your qualifications):

Name:

Phone: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Relationship to you: [Click here to enter text.](#)

Name: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Relationship to you: [Click here to enter text.](#)

H. Background Check Form

BEAR NECESSITIES PEDIATRIC CANCER FOUNDATION

Background Check Consent form

I understand that Bear Necessities is conducting a background check on me with instant checkmate. This report is a criminal background check.

Name: _____

Signature: _____

Date: _____

Information needed to conduct the background check

Current Address: _____

Date of Birth: _____

Please submit by email or mail :
Bear Necessities Pediatric Cancer Foundation
Attn: Christina Thomas, Director of Special Events
55 W. Wacker Drive, Ste. 1100
Chicago, IL 60601
312-214-1200 x29
cthomas@bearnecessities.org
