



VOLUNTEER APPLICATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Fax: _____ Email: _____

Are you a breast cancer survivor? Yes No

Are you a healthcare professional? Yes No

Are you fluent in any other language besides English? No Yes, _____

What is the best way to reach you?

By phone during the day By phone in the evening By email

Availability & Interests

I would be able to volunteer:

in the Y-ME of Illinois office from home in my community

Hours Available to Volunteer: _____

I am interested in the following programs:

For Breast Cancer Survivors ONLY:

Teen Program Presenter

For Breast Cancer Survivors and Health Care Professionals ONLY:

Open Door Support Group Facilitator Adult Program Presenter

For EVERYONE:

General Educational Outreach Special Events Advocacy Alert Network

Office/Clerical A Day For You/Mammography Van

Do you have any professional experience that you would be willing to share with Y-ME Illinois?
(for example, graphic design, database experience, PR/Marketing experience)

I understand that Y-ME of Illinois volunteers are accepted for service regardless of race, gender, sexual orientation, religion, national origin, or physical handicap.

Signature

Date

*Please return to Y-ME of Illinois, 203 N. Wabash, Suite 1220, Chicago, IL 60601
or fax to 312.364.9066*