



VOLUNTEER APPLICATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Fax: _____ Email: _____

Are you a breast cancer survivor? Yes No

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

Availability

Days/ Hours Available to Volunteer:

I am able to help on the following basis:

weekly monthly when needed special events

other (specify) _____

I am interested in the following opportunities:

For Breast Cancer Survivors ONLY:

Peer Counselor Support Group Facilitator

For EVERYONE:

Breast Health Awareness Presenter Network of Strength Mid-Atlantic Representative

Special Events Office/Clerical

Do you have any professional experience or special talents that you would be willing to share with Breast Cancer Network of Strength, Mid-Atlantic? (for example, graphic design, database experience, PR/Marketing experience, or a gift for floral arranging or photography)

I understand that Breast cancer Network of Strength Mid-Atlantic volunteers are accepted for service regardless of race, gender, sexual orientation, religion, national origin, or physical handicap.

Signature _____

Date _____

*Please return to Debbie Hayes, Volunteer Coordinator at
441 Carlisle Drive, Suite C, Herndon, VA 20170 or fax to 703-437-8387*