



VOLUNTEER INFORMATION FORM

First Name Last Name

Are you a breast cancer survivor? Yes No

Mailing Address

E-Mail Address

Employer/Position

Date of Birth (mm/dd/year)

Phone Number

I prefer to be contacted by E-Mail Phone

YOUR AVAILABILITY *(all times are flexible)*

Morning (9a-12n) Afternoon (12n-5p) Evening (after 5p)

Day(s)

How many miles are you willing to travel to volunteer at events?

VOLUNTEER INTERESTS *(check all that apply)*

Office Support

Special Events (mostly weekends)

Professional training Applicable skills/certifications

Event marketing support (can include identifying participant/sponsor opportunities)

Race for the Cure [single-day] Race for the Cure [interested in committee]

Speaking to groups on behalf of Affiliate

Please return completed form to Stephanie at SPulis@KomenNewEngland.org