



## 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 [info@komennewengland.org](mailto:info@komennewengland.org).