

Partners for Breast Cancer Care

Volunteer Application

Application Date: _____

First Name _____ Last Name _____ MI _____

Home Address _____ Apt. _____

City _____ State _____ Zip code _____

Home Phone _____ Cell Phone _____

Email _____ I prefer to be contacted by: _____ Email _____ Phone _____

Employer _____ Occupation _____

Date of Birth _____

Are you a breast cancer survivor? _____ Yes _____ No

Are you fluent in any language other than English? _____ Yes _____ No If YES, please list _____

Why do you want to volunteer for Partners in Breast Cancer Care? _____

How often (in hours) would you be available to volunteer?

_____ Weekly _____ Monthly _____ Occasionally _____

Availability: Daytime? _____ Yes _____ No Evening? _____ Yes _____ No Weekends? _____ Yes _____ No

How far would you be willing to travel? (Check all appropriate) _____ Lee _____ Collier _____ Charlotte _____ Hendry _____ Glades

I am interested in: _____ Leadership position _____ Support position _____ Other? _____

Please indicate if you have experience in the following areas:

_____ Data Entry _____ Microsoft Office _____ Event Planning _____ Volunteer Recruiting

_____ Finance _____ Fundraising _____ Grant Writing _____ Other _____

_____ Photography _____ Public Relations _____ Public Speaking

Any other special talents or skills you feel would benefit Partners for Breast Cancer Care?

How Did you hear about Partners for Breast Cancer Care? _____

_____ I would like to receive emails about Partners for Breast Cancer Care events. _____ Yes _____ No

PFBC August 30,2018

Please fill out the above form, save and e-mail the completed form to janetdarnellpfbcc@yahoo.com
Alternatively the form can be printed and mailed to PfBCC, 9470 HealthPark Circle, Ft. Myers, FL 33908