

Volunteer Application

Name _____ Date _____
 Street _____ Home Phone _____
 City _____ State _____ Zip _____ Business Phone _____
 E-mail _____ Cell Phone _____
 Birthday: Month _____ Day _____

Breast Cancer Survivor: Yes No Ovarian Cancer Survivor Yes No
 How did you hear about BCC? _____

Contact in case of emergency: Name _____ Relationship _____

Cell Number _____ Home Phone _____

Address _____

Dates of Availability - I am available from (start date) _____ through (end date) _____

Hours of Availability - Please check each box that applies:

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Morning						
Afternoon						
Evening						

- I would like a regularly scheduled weekly commitment of _____ hours per week.
 I prefer to be called upon for special projects.
 Other

Area of Interest - check all that apply

- Helpline Library Marketing
 Community Outreach Administrative/Clerical Network Admin/ IT Support
 Computer work Fundraising BCC Breast or Ovarian Buddy (circle)
 Other - please specify _____

Skills/Knowledge you would like to utilize - check all that apply

- Microsoft Excel Writing Network Admin/ IT Support
 Microsoft Access Editing Internet Research
 Microsoft Word Marketing Event Planning
 Graphic Design Fundraising Breast or Ovarian Cancer Survivor (circle)
 Other - please specify: _____

Volunteer or work experience that may be helpful in placing you:

Are you currently employed? If yes, with whom? _____

Explain briefly your reasons for volunteering at BCC:

Additional comments that will help match your skills and volunteering goals with BCC's needs.

I would like the bi-monthly Volunteer Newsletter: Mailed Emailed

***Thank you for your interest in volunteering at
Bay Area Cancer Connections***

SUBMIT TO:

Manager of Volunteer Resources
Bay Area Cancer Connections
2335 El Camino Real, Palo Alto, CA 94306

www.bcconnections.org

Direct: (650) 326-6299, ext. 16

Fax: (650) 326-6673