Support Connection, Inc.

Breast and Ovarian Cancer Support

VOLUNTEER INFORMATION SHEET

Thank you for your interest in volunteering at Support Connection. It is through dedicated volunteers that we can offer free breast and ovarian cancer support services and programs. Please answer the questions below so we can match your interests with our needs.

You may send the completed form by: fax (914-962-1926); email (info@supportconnection.org) or postal mail (Support Connection, 40 Triangle Center, Suite 100, Yorktown Heights, NY 10598.) Please call if you have any questions: 914-962-6402. Today's Date _____ Name: (please print) Home Phone: Cell Phone: E-Mail Address: _____ **Best way to reach you:** □ Home phone □ Cell phone □ Email **Availability:** ☐ Tues. \square Wed. \square Mon. ☐ Thurs. ☐ Fri. ☐ Sat. Days: ☐ Sun. ☐ Daytime ☐ Evenings Times: ☐ Regular basis (e.g. once a week) ☐ As needed Frequency: **In Case Of Emergency** Emergency Contact Name: Emergency Contact Phone:

Relationship To You:

Skills Computer Skills (MS Word, Excel, etc.) Administrative Skills (telephone, filing, etc.) **Interests Community Outreach:** Distributing information at local health expos, malls, fairs, etc. Outreach to local businesses, community groups, etc. **Special Events:** Volunteer at Support Connection events and fundraisers **Our Store-Fantastic Finds:** Fantastic Finds is open Mon. - Sat., 10 am - 4:30 pm, and is staffed entirely by volunteers. Volunteer at Fantastic Finds **Support-A-Walk:** Pre-Walk Special Events Day of Walk **Volunteer Support Group Facilitator: (Must be a survivor for 2 or more years.)** I am interested in learning more. I am a survivor of: ☐ Breast Cancer ☐ Ovarian Cancer **Board of Directors:** I am interested in learning about volunteering for the Support Connection Board of Directors Other skills or interests not listed above: