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) _____________________________________________________________

Address: _____________________________________________________________________

Home Phone: _____________________________  Cell Phone: ___________________________

E-Mail Address: ___________________________________________________________________

Best way to reach you: □ Home phone  □ Cell phone  □ Email

Availability:


Times: □ Daytime  □ Evenings

Frequency: □ Regular basis (e.g. once a week)  □ As needed

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.) ________________________________________________________

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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:

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