



TOGETHER WE MAKE A DIFFERENCE
ENSEMBLE NOUS FAISONS UNE DIFFÉRENCE

BREAST CANCER ACTION

Volunteer Application Form

Name _____

Street _____

City _____

Province _____ Postal Code _____

Phone _____

E-mail _____

Languages spoken: () English () French () Other _____

Languages written: () English () French () Other _____

Volunteer Interests: (please **X** any that might be of interest to you)

- | | |
|---|---|
| () Educational outreach (staffing booths, tables) | () Helping with fundraising |
| () Office duties (photocopying, phones, etc.) | () Working at a golf tournament |
| () Peer counseling or support | () Translating materials (English to French) |
| () Helping to organize special events | () Joining the Board of Directors |
| () Assisting at lymphedema workshops | |
| () Helping to organize monthly BCA meetings with a guest speaker | |
| () Helping to decorate during fundraisers, or special events | |
| () Soliciting gifts from businesses and/or corporations for prizes | |
| () Volunteering during special events | |
| () Other _____ | |

What days are you available to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

By signing below, you are agreeing to ensure any information you come into contact with while volunteering at Breast Cancer Action remains confidential, and that the information you have provided to Breast Cancer Action in this form is accurate.

Signature _____

Date _____