



Volunteer Application

Today's Date _____ Name _____

Address _____

Phone Number _____ Email _____

Employer _____ Title _____

Responsibilities _____

How did you hear about us? _____

What Type of Volunteer Opportunities Interest You?

(Check all that apply)

1. _____ Small Events - Handing out LBP info at fundraisers and breast cancer events
2. _____ Large Events - Being part of a committee for larger events. ie., Helping with marketing, sponsorships & donations, staffing, planning, etc.
3. _____ Delivering Gifts to Patients
4. _____ Administrative - Updating files, spreadsheets, typing correspondence, stuffing and mailing letters and thank yous, etc.
5. _____ Social Networking - Posting updates to Facebook, Twitter and Instagram. Working on updating our website.
6. _____ Grant Writer
7. _____ Planning Monthly Support Meetings/Get Togethers
8. _____ Putting together monthly newsletter

Would you be willing to sign a confidentiality form? _____



Let Us Know What Your Talents Are

<u>Skill</u>	<u>None</u>	<u>Working Knowledge</u>	<u>Proficient</u>
Word	_____	_____	_____
Excel	_____	_____	_____
Constant Contact	_____	_____	_____
Photoshop	_____	_____	_____
PowerPoint	_____	_____	_____
Marketing	_____	_____	_____

Other (Describe) _____

Do you have computer and internet access? _____

How much time are you willing to volunteer? _____

Have you ever been convicted of a criminal offense? _____

If yes, please explain. _____

Emergency Contact

Name _____ Number _____ Relationship _____

Anything else you would like to add? _____

- I hereby certify that all information supplied is true and complete and is subject to verification. I agree and understand that any falsification of information herein, regardless of time of discovery, may constitute fraud.

Signature _____ Date _____

All information supplied herein is strictly confidential.

Please mail application to: Linked By Pink P.O. Box 8177 Erie, PA 16505

or

Scan and email to: info@linkedbypink.org