



Volunteer Application

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Other (specify): _____ E-mail: _____

Professional Degrees (MD, PhD, RN or other): _____

Primary Language(s): _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____

VOLUNTEER INTERESTS: (Select all that interest you and provide any comments you wish)

Advocacy: Legislative _____

Outreach: Health Fairs and Fundraisers _____

Speakers Bureau: Community Groups _____

Administration: Mailings, research, data entry _____

PERSONAL REFERENCES (students may use teachers and group leaders)

(1) Name and Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

(2) Name and Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____



Volunteer Application

How did you hear about the Florida Breast Cancer Foundation (FBCF)?

What is the length of the commitment you wish to make? _____

How many hours per month/week do you wish to volunteer? _____

Briefly explain why you want to volunteer at FBCF: _____

Are you currently a student? Yes No School _____ Degree Program _____

Do you have past/other volunteer experience? If yes, where? _____

Please list volunteer experience:

I understand and fully acknowledge that, in volunteering for the Florida Breast Cancer Foundation, I am entering an AT WILL relationship and that this relationship can be terminated at any time by me or the Florida Breast Cancer Foundation for good cause, bad cause, or no cause at all.

I further understand that by signing this agreement, I give permission to contact my references or to conduct a criminal background check if deemed appropriate. It is my understanding that all information I have provided is true and complete to the best of my knowledge. I understand that giving false information can be grounds for immediate dismissal.

I understand that I may come in contact with sensitive information and that all information is confidential and is not to be repeated.

Volunteer Signature _____ Date _____

Reviewed by Programs Manager _____ Date _____

_____ Approved Start Date _____

_____ Denied Reason _____