

# 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 support groups, wellness programs, educational forums, a 24-hour hotline, and community outreach. Please answer the questions below so that we can match your interests with our needs. You may fax the completed form to (914) 962-1926 or mail it to our office: 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:** \_\_\_\_\_

**Telephone:** *(home)* \_\_\_\_\_ *(cell)* \_\_\_\_\_

**Best time and phone number to reach you:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Availability:** *(list number of hours and times, if possible)*

*Days* \_\_\_\_\_ *Evenings* \_\_\_\_\_ *Weekends* \_\_\_\_\_

*Regular Basis (e.g. once a week)* \_\_\_\_\_ *As Needed* \_\_\_\_\_

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#### **Interests or Skills** *(Please check all that apply):*

##### **Office Duties:**

*Please list Computer Skills* \_\_\_\_\_

*Please list Administrative Skills (telephone, filing, etc.)* \_\_\_\_\_

##### **Community Development/Public Relations:**

*Distributing information at local health expos, malls, fairs, etc.* \_\_\_\_\_

*Assisting with public relations activities such as outreach to local businesses, community groups, etc. about Support Connection* \_\_\_\_\_

##### **Support-A-Walk:**

*Pre-Walk Special Events* \_\_\_\_\_ *Day of Walk* \_\_\_\_\_

##### **Ovarian or Breast Cancer Support Group Facilitator or Hotline Volunteer:**

*For those who are survivors 2 or more years - professional training is provided.*

*Support Group Leader: Breast Cancer* \_\_\_\_\_ *Ovarian Cancer* \_\_\_\_\_ *Hotline Volunteer* \_\_\_\_\_

**Other skills or interests not listed above:** \_\_\_\_\_