

Attn: Brenda Dixon-Coby or DeShawn Boyd

Name:

CBCRP Volunteer Registration Form

Contact Information

Name _____

Street Address _____

City _____ ST _____ ZIP Code _____

Home Phone _____ Work Phone _____

E-Mail Address _____

Special Access Needs
(Please specify):

Availability

During which hours are you available for volunteer assignments?

Weekday mornings Weekend mornings

Weekday afternoons Weekend afternoons

Weekday evenings Weekend evenings

Event Preferences

Please indicate which types of events are of particular interest to you (check all that apply):

Scientific Events Sporting Events

Community Events Women's Health Event

Fundraising Any event in my area

Health Expos

Population Specific Which population? _____

Special Skills

List skills from work, or through other activities, including hobbies or sports you would like to highlight. For example: Are you Multi-lingual (which languages?). Have you had previous volunteer experience?

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Breast Cancer Advocacy Experience

Please list any breast advocacy experience you've had? (Example: Are you a breast cancer Survivor? Involvement with other breast cancer organizations? Have you trained under Project Lead?)

Person to Notify in Case of Emergency

Name _____

Street Address _____

City _____ ST _____ ZIP Code _____

Home Phone _____ Work Phone _____

E-Mail Address _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this registration form with your interest in volunteering with the CBCRP.

Please Mail or Fax your Registration Form

Mail to:

California Breast Cancer Research Program
University of California Office of the President
300 Lakeside Drive, 6th Floor
Oakland, CA 94612-3550

Fax: (510) 587-6325