



## Volunteer Application Form

### Applications can be submitted in a variety of ways:

-Mail to 2617C W. Holcombe Blvd. #224, Houston, TX 77025

-Email: [drjennett@roasurvivor.org](mailto:drjennett@roasurvivor.org) Fax: 713-741-4142

Name: \_\_\_\_\_  
*First Middle Initial Last Date of Birth*

Address: \_\_\_\_\_  
*Street Number Street Apt No., Unit No., P.O Box*  
\_\_\_\_\_  
*City/Town Zip/Postal Code*

Primary Phone: \_\_\_\_\_  Home  Cell Alternate Phone: \_\_\_\_\_  Home  Cell

Email (Print Clearly): \_\_\_\_\_ Preferred Contact:  Email  Phone  Text

In case of an Emergency, Contact:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Relation: \_\_\_\_\_

Are you a breast cancer survivor?  Yes  No Age Diagnosed: \_\_\_\_\_ Current Age \_\_\_\_\_

When are you available to volunteer? (Check all that apply)  weekdays:  mornings  afternoons  weekends:  mornings  afternoon

What are your skills?

- |  |  |  |   |   |
|--|--|--|---|---|
| <input type="checkbox"/> Newsletter Production | <input type="checkbox"/> Media Relations               | <input type="checkbox"/> Graphic Design                  | <input type="checkbox"/> Website Design   |   |
| <input type="checkbox"/> Data Entry            | <input type="checkbox"/> Excel & Word                  | <input type="checkbox"/> Event Planning and Organization | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Fundraising           | <input type="checkbox"/> Donor Development & Relations | <input type="checkbox"/> Marketing                       | <input type="checkbox"/> Grant Writing    | <input type="checkbox"/> Other: _____       |

Why do you want to volunteer with Reconstruction of a Survivor?

\_\_\_\_\_  
\_\_\_\_\_

List Two Most Recent Volunteer Experiences:  None

Organization	Dates of service (yr./mo.)	To:
	From:	
1 _____	_____	_____
2 _____	_____	_____

Current Employer

1) Name of Company/Organization: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Position: \_\_\_\_\_

Please list two (2) References (not related to you) that you have known for 3 or more years:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you known this reference? \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you known this reference? \_\_\_\_\_

Would you like to receive our e-newsletter? Yes No

Volunteer Name (PRINT): \_\_\_\_\_ Volunteer

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

ROS Review/Notes: