



Volunteer Intake Questionnaire

Name: _____

Date: _____

Address: _____

Email: _____

Day Phone: _____

Evening Phone: _____

Cell Phone: _____

Interests/Skills:

Are you over the age of 18? yes no If not, please list age: _____

Are you a breast cancer survivor? yes no Prefer not to share

Family or friend of a breast cancer survivor? yes no

Are you fluent in any language other than English? yes no Please list: _____

Is there anything you prefer not to do?

Please tell us about any pertinent physical limitations you may have:

Availability: Weekdays Weekday evenings Weekends

Are you willing to commit to volunteer on a regular (weekly/monthly) basis? Please specify.

Please check any you would be willing to do:

Mentor a newly diagnosed breast cancer patient

Help plan and arrange education programs

Serve on one of our fundraising planning committees

Help with phones and clerical work at To Life!

Assist with education programs, events and fundraising activities

Learn to assist or present Breast Health Education workshops

Lead a wellness class, facilitate a support group meeting, teach a skill

Heavy work / Handy work

Outdoor maintenance (i.e. lawnmowing, tree and bush trimming, etc)

Help spread the work about To Life at health fairs & community expos