

Terri Brodeur Breast Cancer Foundation

Volunteer Application Form Page 1 of 2

Name: _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____

Email: _____

Date of Birth: _____

Employer: _____

Does your company provide grants or other forms of support for employees who volunteer? Yes: _____ No: _____

Does your company provide matching gifts? Yes: _____ No: _____

Briefly tell us about yourself:

Are you a breast cancer survivor (optional)? Yes: _____ No: _____

Is your spouse a breast cancer survivor (optional)? Yes: _____ No: _____

Please indicate a team shirt size: ___Small ___Med ___Large ___XL ___XXL ___XXXL

Volunteer Application Form Page 2 of 2

2009 Walk Across Southeastern Connecticut Crew Volunteer Opportunities. Please list in numerical order (i.e. 1, 2, 3) all that may be of interest to you (Descriptions of assignments follow). We will do our best to accommodate your first choice but we may have to select your second or third based on the walk's needs.

Walker Services

- Procurement
- Pit Stop
- Hydration (heavy lifting may be required)
- Opening & Closing Set Up/Breakdown (heavy lifting may be required for 35 lbs and higher)
- Spirit Crew helps walkers reach the finish line by supporting, encouraging and motivating them along the last 6 miles of the route.

Route Services

- Sweep
- Traffic/Security (Requires volunteer to be on their feet for long periods of time, and to be able to physically navigate oneself from one point to another, often at very short notice.)

Registration

- Check-in/Check-out

Medical Services (please indicate your degree/certificate)

- Medical Doctor RN LPN Paramedic EMT

Certificate #: _____

License #: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone: Daytime _____ Evening: _____

Do you have any health-related restrictions that we should be aware of when you are volunteering?

Yes: _____ No: _____

If yes, please specify: _____

Please return the completed form to: TBBCF, PO Box 785, New London, CT 06320