

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

**2010 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