



Breast and Body Health Inc.
Volunteer Application

Name: _____

Present Address: _____

Phone: (Home) _____ (Cell) _____

Have you ever volunteered for Breast and Body in the past? Yes ___ No ___

Do you have a valid driver's license? Yes ___ No ___

Occupation/Employer: _____ / _____

Your date of birth (MM-DD-YYYY): _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Age: _____

Activity Level: Very Active ___ Moderate Active ___ Low Active ___ Non-Active ___

Comfortable with:

Lifting ___ Standing ___ Bending ___ Sitting ___ Public Talking ___ Pushing ___ Pulling ___ Teamwork ___

Volunteer Service Interested In:

Fundraisers ___ Administrative ___ Ticket Sales ___ Set Up/Tear Down ___ Donations Requests ___

Sponsor Request ___ Creative Ideas ___ Clean-up ___

Breast and Body Health is a non-profit 501c3 organization that helps men, women, and children with cancer. In order to do this, all year long we are working on different ways to raise money so we can help. There are many little worker bee's behind the scenes, and we want you to join in! Services are strictly volunteer, and may be before 10am and last until 10pm depending on the duty or event. We want to ensure your safety, so please if you feel uncomfortable completing the task given due to health issues, notify a board member.

Volunteer Printed Name: _____ Date: _____

Volunteer Signature: _____