



Humboldt Community Breast Health Project Volunteer Application

Our volunteers have many roles. They offer support to clients, help with office tasks, reach out to the community at health fairs, fund raise through special events such as the annual raffle, and much much more! Please complete this application so that we can try to find the perfect role for you!

CONTACT INFO

Name: _____ Date: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Best way to contact you between 9am– 5pm? Home Phone Cell Phone E-mail

PERSONAL INFO

Birthdate: _____ Gender: Female Male

Ethnicity: African American Asian American African American Caucasian
 Latina/o Pacific Islander

Are you a cancer survivor? Yes No What kind of cancer? _____

Have you been a support person for someone with cancer? Yes No

Have you ever used our services? Yes No

AVAILABILITY

My schedule is somewhat flexible

My schedule is definitely limited

ONLY Mornings Afternoons Evenings/Weekends

ONLY these days _____

Length of commitment sought: _____

What physical conditions (if any) should be taken into consideration in arranging a volunteer opportunity for you? _____

BECAUSE WE'RE CURIOUS

How did you learn about volunteering with the Humboldt Community Breast Health Project?

What interests you about volunteering with the Humboldt Community Breast Health Project?

Have you had other volunteer experiences? If so, please describe them.

What are you hoping to gain by volunteering with the Humboldt Community Breast Health Project?

Please attach a resume or additional information that you think might help us to better find a volunteer opportunity for you. Thank you for your interest, we look forward to talking with you!

Contact Mary Flowers, Volunteer Coordinator, at volunteer@hcbhp.org
Or at 707-825-8345 Ext. 135
Humboldt Community Breast Health Project
987 8th Street Arcata, CA 95521 www.hcbhp.org