

Thank you for your interest in volunteering for
ABCD: After Breast Cancer Diagnosis.

Please complete this form and mail it to:

ABCD Volunteers – Attention: Judy Mindin
6737 W. Washington St. - Suite #3265
West Allis, WI 53214

Are you a breast cancer survivor? ____ If yes, how many years? ____

Name _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Employer/Job Title _____

In addition to English, I speak _____

Community affiliations:

Other volunteer experience:

Please list special skills: (examples: event planning, website maintenance, graphic design, media relations, writing, office work, public speaking, health care professional)

Availability:

The best time to reach me: ____ daytime ____ evenings ____ weekends

The best way to reach me: ____ home phone ____ work phone ____ email

I'm available to volunteer: ___ weekdays ___ evenings ___ weekends

Days of the week that I'm generally available to volunteer: _____

I'd like to volunteer approximately ___ hours a month.

Signature _____ Date _____

Please check all volunteer opportunities that interest you:

___ Mentor people affected by breast cancer

ABCD's annual "Date with a Plate" event: This fundraiser is held each May and offers an evening of fabulous food from Milwaukee's finest restaurants, as well as a silent auction.

Committees include: ___ Sponsorship/Underwriting ___ Media and Public Relations
___ Silent Auction ___ Set-up ___ Clean-up

___ Help with Mentor Training/Continuing Education

___ Staff ABCD's booth at health fairs and other events

___ Clerical/office work

___ Help with newsletter

___ Help with website maintenance

___ Delivery of ABCD materials to health facilities

Other ways to share your talents with ABCD:

Thank you !