



MY SISTER MY FRIEND BREAST CANCER SUPPORT

COMMUNITY HEALTH ADVOCATE MEMBER INTEREST FORM

Thank you for your interest in working with our organization. Please take a few moments to provide us with your informaton. Your responses will help us match you with appropriate opportunites to ensure that we can make the most of your valuable skills and time.

1. Personal Information:

Full Name:	
Address:	
City:	
State/Province:	ZIP/Postal Code:
Phone Number:	
Email Address:	
Age	
Current employment status:	Current Title:
Highest Educational Attainment:	
Fluent languages:	

2. Availability: _____ Days of the Week Available: _____

Preferred Time of Day: _____

Total Number of Hours Available per Week/Month: _____

3. Interests:

Please indicate your areas of interest by checking the relevant topic(s) below:

_____ Breast cancer awareness and education _____ social media and marketing

* Please scan and email this entire form to: info@mysistermyfriendbcs.org



_____ Fundraising and event planning

_____ Healthcare Education

_____ Administrative tasks and office support

_____ Community outreach

_____ Public Speaking

_____ Other (please specify):

4. Skills and Experience:

Briefly describe any relevant skills, qualifications, or experience that would be valuable to the program's goals and objectives _____

5. Please list previous health outreach experience: _____

Have you worked in the healthcare or with nonprofits? If yes, please provide details about your previous work: _____

6. Preferred method of contact: How would you prefer to be contacted for opportunities? (Email/Phone/Both) _____

7. Additional Information: What motivates you to get involved in this type of work or serving your community? What are your professional affiliations?

By submitting this inquiry form, I confirm that the information provided is accurate and to the best of my knowledge.

Signature: _____

Date: _____