



4000 Junius Street
Dallas, Texas 75246
(214) 821-3820 TEL
(214) 821-0869 FAX

Volunteer Interest Form

Name _____ Mr. / Mrs. / Ms.

Home Address _____ Home Phone () - _____

City _____ Zip _____ Fax () - _____

Business Name _____ Address _____

City _____ Zip _____ E-mail _____

Work Phone () - _____ Work Fax () - _____

AREA OF INTEREST

- | | |
|--|--|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Board Development | <input type="checkbox"/> Marketing/PR/Social Media |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Office Support |
| <input type="checkbox"/> Finance Committee: Accounting | <input type="checkbox"/> Personnel Committee |
| <input type="checkbox"/> Fundraising/ Special Events | <input type="checkbox"/> Survivor Support |
| <input type="checkbox"/> Healthcare Professional | <input type="checkbox"/> Website/Newsletter |

Volunteer Demographic Information

The following information is for internal use of the Bridge and not for public knowledge.

Race:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Black | <input type="checkbox"/> Other: _____ |

Age Range:

- 16-20
- 21-29
- 30-39
- 40-49
- 50-59
- 60+

Birth date (Month/Day): _____

Marital Status: Single Married If married, anniversary (Month/Day): _____

Breast Cancer Survivor: Yes No

Breast Cancer in your family: Yes No

I certify that all information provided is true and accurate and give permission to be contacted for volunteer placement.

Signature _____ Date _____