

Shades of Pink, Inc. Volunteer Application

Personal Information					
First Name	Middle Initial	Last Name	Name To Be Called		
Street Address	City	State	Zip	County	
Home Phone Number	Work Phone Number		Alternate Phone Number		
E-mail Address:			Birth Date:		
Emergency Contact Information					
Name	Phone Number	Alternate Phone Number		Relationship	
Name	Phone Number	Alternate Phone Number		Relationship	
Please Answer the Following Questions					
Are you a breast cancer survivor? Yes No If yes, then how long have you been a survivor? _____ mos _____ yrs					
Please let us know which area you are interested in volunteering for: Admin Meal Prep Hospitality Events Recruitment					
Are you currently volunteering with any other organization? Yes No If yes, then where?					
Are you available to volunteer in the evenings and on weekends? Yes No Maybe					
How did you hear about the choir or organization? Chruch Conference Doctor Flyer Friend Newsletter Radio Support Group Social V					

Signature _____ Date _____

Please mail or email completed applications to:
 Nichole Hancock ~ 5889 Brookside Oak Circle ~ Norcross, GA 30093
 Phone: (404) 354-0070 nichole@shadesofpink.org