



VOLUNTEER COMMITTEE FORM

Name: _____

Address: _____

City/State/Zip: _____

Phone (including area code): _____ Best time to call: _____

Email address: _____

Interest (please check all committee that you are interested in):

- | | |
|---|---|
| <input type="checkbox"/> Brochure Committee | <input type="checkbox"/> Raffle & Auction Committee |
| <input type="checkbox"/> Decorations & Attendee Bag Committee | <input type="checkbox"/> Resource Center Committee |
| <input type="checkbox"/> Education Committee | <input type="checkbox"/> Scholarship Committee |
| <input type="checkbox"/> Fundraiser Committee | <input type="checkbox"/> Sense of Style Committee |
| <input type="checkbox"/> Gift Center Committee | <input type="checkbox"/> Signage Committee |
| <input type="checkbox"/> Program Book & Webpage Committee | <input type="checkbox"/> Volunteer Committee |
| <input type="checkbox"/> Publicity and Media Committee | <input type="checkbox"/> Sponsorship Acquirement |

Sponsorship Acquirement

Company _____ Contact _____

- I would like a package to submit to a company
- I could assist in setting up a meeting for someone to make a presentation

Authorization

- You have my permission to list my name as a volunteer in conjunction with the event.
- I prefer you leave my name off any publicity regarding the event.

Are you a survivor? _____ Indicate number of years since diagnosis: _____

Signature _____ Date _____

Submit to:

Breast Cancer Education Association (BCEA)
 1027 W. Roselawn Avenue
 Roseville, MN 55113

info@breastcancereducation.org
 phone: 651-487-3578