



Volunteer Information

Date: _____

We are so glad you chose the Gloria Gemma Breast Cancer Resource Foundation as the organization for which you want to donate your time. We believe that volunteering should be fun as well as rewarding, so please take a few moments to answer the questions below. Your information will enable us to match you with the best volunteer opportunities.

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Email:** _____

Emergency Contact Information:

Name: _____ **Relationship:** _____

Telephone: _____

What do you like to do? Do you have any hobbies or interests? _____

Have you volunteered for any other organization? _____

Have you been convicted of a felony? _____ **If you answered yes, please explain:**
