



# Volunteer Application

Form **MUST** be completed **BEFORE** volunteering for Sisters Network® Inc.  
 2922 Rosedale Street • Houston, TX 77040  
 713.781.0255 phone • 713.780.8998 fax  
 website: [www.sistersnetworkinc.org](http://www.sistersnetworkinc.org) • email: [infonet@sistersnetworkinc.org](mailto:infonet@sistersnetworkinc.org)

Are you volunteering as a part of a company/group?  Yes  No Company/Group Name: \_\_\_\_\_

Name (PRINT CLEARLY)		Date of Birth (M/D)	Today's Date
Mailing Address		City/State	Zip
Contact Phone #1	Contact Phone # 2	Mobile Phone	
Email Address (PRINT CLEARLY)		I prefer to be contacted by: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text	
Employer:		Position:	
Are you a breast cancer survivor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you wish to be recognized as a breast cancer Survivor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Age Diagnosed: _____ Current Age: _____	
Why do you want to volunteer with Sisters Network Inc.? (use additional paper if needed)			
<b>Availability</b> How often do you want to volunteer? <input type="checkbox"/> weekly weekdays <input type="checkbox"/> monthly weekdays <input type="checkbox"/> occasionally <input type="checkbox"/> special events <input type="checkbox"/> weekly weekends <input type="checkbox"/> monthly weekends  Available for volunteer assignments on: <input type="checkbox"/> mornings <input type="checkbox"/> afternoons <input type="checkbox"/> evenings			
<b>Skills</b> Please indicate if you have experience in the following areas: <input type="checkbox"/> Answering Phone <input type="checkbox"/> Faxing <input type="checkbox"/> Health Care Professional <input type="checkbox"/> Public Speaking <input type="checkbox"/> Journalism <input type="checkbox"/> Photography <input type="checkbox"/> Teaching <input type="checkbox"/> Public Relations <input type="checkbox"/> Grant Writing <input type="checkbox"/> Event Planning <input type="checkbox"/> Newsletter Production <input type="checkbox"/> Excel & Word <input type="checkbox"/> Fundraising <input type="checkbox"/> Finance <input type="checkbox"/> Volunteer Development <input type="checkbox"/> Advocacy <input type="checkbox"/> Community Health (education, grants, survivorship) <input type="checkbox"/> Walk Committee <input type="checkbox"/> Walk Day <input type="checkbox"/> Graphic Design <input type="checkbox"/> Mentoring <input type="checkbox"/> Marketing <input type="checkbox"/> Information Technology <input type="checkbox"/> Data Entry			
Do you have health issues we should be aware of? <input type="checkbox"/> None <input type="checkbox"/> Yes (specify)			
Emergency Contact Name	Emergency Phone	Relationship to Volunteer	

**I wish to volunteer for Sisters Network® Inc. I agree that SNI shall not be liable for any injury that I may incur while participating in a sponsored activity or project. I agree to its unrestricted use and publication in any media of photograph, recording, interview, videotape, or other recording of me in connection with any activities in which I may participate with SNI.**

Volunteer Name (print)	Volunteer Signature
Parent or Guardian Signature (required for those under 18)	Today's Date

Thank you for your interest and support of Sisters Network Inc.  
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# Volunteer Opportunities & Descriptions

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<b>Name</b> (PRINT CLEARLY)	
<b>I am interested in</b>	<input type="checkbox"/> leadership position      or <input type="checkbox"/> support position
<b>POSITION</b>	<b>DESCRIPTION</b>
<b>ADMINISTRATIVE</b>	<b>Monday – Friday, 9:00am – 5:00pm</b>
<input type="checkbox"/> Office Assistant	Assist staff with various administrative duties: answering phone, faxing, copies and mailings
<input type="checkbox"/> Data Entry	Enter data into RE database or other computer work in Word or Excel
<b>WALK</b>	
<input type="checkbox"/> Committee Member	Work on various committees for the Walk
<input type="checkbox"/> Walk Promotion	Distribute walk flyers and posters to local businesses/organizations (January, February & March)
<input type="checkbox"/> Data Entry	Enter mailed in registration forms
<input type="checkbox"/> Walk-in Registration	Help walk-in registrants and give out t-shirts
<input type="checkbox"/> T-Shirt Distributor	Help distribute t-shirts to team captains
<input type="checkbox"/> Lead Walk Day Volunteer	In charge of assigned Walk day area
<input type="checkbox"/> Walk Day Volunteer	Work on Walk Day; multiple positions available
<b>EDUCATION</b>	
<input type="checkbox"/> Public Speaking	Speak about breast cancer survivorship to small/large groups
<input type="checkbox"/> Community Outreach	Disseminate breast cancer information and answer questions
<input type="checkbox"/> Volunteer Development	Recruit volunteers individuals/groups, assist with recruitment procedures, training programs, and recognition event (s)
<input type="checkbox"/> Community Health	Education, grants, survivorship
<b>DEVELOPMENT/SPECIAL EVENTS</b>	
<input type="checkbox"/> Public Relations	Assist in developing ways to enhance the visibility of Sisters Network Inc.
<input type="checkbox"/> Grant Writing	Assists with identifying and compiling grant information
<input type="checkbox"/> Event Planning	Sponsor solicitation, table sales, registration, decorations, setup and clean up
<input type="checkbox"/> Graphic Design	Assists with designing and editing flyers and outreach material
<input type="checkbox"/> Information Technology	Provide technology services and assists with website maintenance
<input type="checkbox"/> Advocacy	<i>Analyzes public policy issues that affect Sisters Network Inc and breast cancer survivorship, making recommendations for action, writing and visiting with legislators</i>

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