

D/FW NOCC Volunteers Form

This information is intended for internal use only. It will not be sold or distributed to any other organizations. Please fill all items out completely so that we can keep our information accurate. Thank you!

Name: _____

Address: _____

Address 2: _____

City: _____ **State:** _____ **ZIP:** _____

Daytime Phone: () _____ **Evening Phone:** () _____

E-mail: _____ **Date of Birth:** _____

Category:

Survivor (Y/N): _____ Date of diagnosis: _____ Stage: _____ Grade: _____

Recurrence (Y/N): _____ Date of recurrence: _____

Family or Friend of someone affected by ovarian cancer: (please check one)

daughter: _____ son: _____ parent: _____ spouse: _____ friend: _____ other: _____

Health Care Professional (specify): _____

Volunteer (Y/N): _____ Other (specify): _____

_____ Include me in all NOCC-DFW mailings for all events.

_____ Include me in the NOCC-DFW Annual 5K Fun Run/Walk mailing only.

_____ I am a student and would like to fulfill community service hours requirement.

We have a Yahoo!Groups email list and website where you will be able to receive all of our electronic correspondence and chat with other volunteers. Would you like to be included in the group distribution (Y/N): _____ (You can remove your name at any time.) Your e-mail address above will be used unless you specify otherwise here: _____

We are in dire need of volunteers for a variety of our events, programs etc. Please specify any or all categories you'd like to participate in:

Health Fairs - (educational, distributing materials about ovarian cancer, DFW-NOCC, etc. You do not have to be a survivor or health professional, but it involves a training session.

Education/Awareness: You do not have to be a health professional or survivor to educate the public (schools, organizations, etc.) about ovarian cancer. PowerPoint presentation is prepared and standardized with handouts. There is a one time training session.

Fundraising: Raise money and obtain sponsorships and funding for events and that services we provide.

Annual 5K Fun Run/Walk: _____ Walk Committee _____ Pre-race bag stuffing party
(please indicate interest) _____ Procure prizes _____ Day of walk volunteer
_____ Distribute brochures

Event Volunteer: _____ Candlelight Vigil _____ Health Fair
(other than The Walk) _____ Radio/TV interview _____ Chapter Meeting
_____ Public Speaking _____ Education & Awareness
_____ Fundraising _____ Other

Skills / Interest:

Public Relations: _____

Marketing: _____

Fundraising: _____

Writing: _____ correspondence _____ website copy _____ articles
_____ other (please specify): _____

Phone calling: _____ call volunteers regarding events

Quilt Committee: _____ make quilt squares _____ coordinate quilt making with volunteers
_____ finish off quilt

Photography: _____ digital photos _____ archiving _____ scrapbook

Computer skills: _____ Microsoft Word _____ graphics _____ Photoshop
_____ website design _____ MS Access _____ PowerPoint
_____ Other (please specify): _____

“Pounding the Pavement”:

- _____ distribute brochures and materials to doctors’ offices, clinics, etc.
- _____ distribute brochures for Annual 5K Fun Run/Walk
- _____ drive survivors to events, meetings, etc.

Please describe any other skills that you believe would be useful and your willingness to lead projects.

Please describe why you contacted the D/FW NOCC. What can we do for you?

Thank you for your interest in the D/FW NOCC!