



Children's Brain Tumor Foundation

Embracing the challenge today gives hope for tomorrow

Volunteer Application

Name: _____ Date: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Fax: _____ Email: _____

Age: over 21 _____ Under 21 _____

occupation/employer (if Student, please name your school): _____

How did you hear about CBTF? _____

Special Interests or Skills: _____

Memberships to Professional organizations, Professional or Personal contacts, etc.:

Would you like to join our Young Professionals' Group (Age 21-35)? _____

Are you willing to travel to different sites in the metropolitan area for events? _____

Preferred Volunteering Environment: CBTF office _____ Event Sites _____ Home _____

Availability

Days of the week: _____

Hours: _____