

BCAA VOLUNTEER COMMITTEE

Sign-up Form



Name: _____
Address: _____

Home Phone (including area code): _____
Work Phone (including area code): _____
Cell Phone (including area code): _____
Email address: _____

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

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

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 _____

*Please submit to: BCAA, 1027 W. Roselawn Avenue, Roseville, MN 55113
(651) 487-3578 Phone, (651) 489-1322 Fax, ann@annkcommunications.com*

THANK YOU FOR YOUR SUPPORT!