

Volunteer Profile

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ Evening phone: _____

E-mail address: _____

Best time / method of contact: _____

Availability (days & times): _____

Employer: _____

Does your employer or your spouse's employer (if applicable) offer a matching gifts program?

Does your company participate in corporate sponsorship programs for non-profit organizations?

Areas of Interest (check as many as apply):

- | | |
|---|--|
| <input type="checkbox"/> Leadership Committee | <input type="checkbox"/> Corporate Sponsorships |
| <input type="checkbox"/> GREAT STRIDES walk | <input type="checkbox"/> <i>Breath of Life</i> Gala |
| <input type="checkbox"/> Golf Events | <input type="checkbox"/> <i>Curefinders</i> |
| <input type="checkbox"/> Major Gifts Campaign | <input type="checkbox"/> Young Professionals' Events |
| <input type="checkbox"/> Other: _____ | |

What type of activities are you most interested in performing? (Check all that apply.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Chair / Co-chair | <input type="checkbox"/> Secure auction items | <input type="checkbox"/> Day of event support |
| <input type="checkbox"/> Committee member | <input type="checkbox"/> Logistics | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Table/ticket sales | <input type="checkbox"/> Volunteer recruitment |
| <input type="checkbox"/> Office work | <input type="checkbox"/> Internship | |



Greater New York - Long Island Chapter

425 Broad Hollow Road, Suite 318

Melville, NY 11747

Phone: 516-827-1290

Website: longisland.cff.org

Fax: 516-827-1295

Email: longisland@cff.org