



## Volunteer Interest Form

We invite you to join Package of Prevention help **Change How we Fight Cancer**. Our mission is to increase the number of individuals being regularly screened for cancer each year by encouraging them to be proactive and educated when it comes to their health. *Package of Prevention* empowers all people regardless of age, race, gender, and income level to make informed decisions about their health and decrease their chances of being diagnosed with cancer.

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Name:

Address:

Home Phone Number:

Cell Phone Number:

Email:

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### Please check all items in which you have interest:

#### Brand Ambassador

- Attend local events on behalf of Package of Prevention and pass out educational materials
- Will reach out to other non-profit organizations to seek partnership opportunities. In addition, reach out to churches, physician's offices, hospitals, local media, etc. to spread the work about Package of Prevention.

#### Strut 4 Prevention Fashion Show

A group of women affected by cancer will take the stage and model fashions by top designers and their stories about cancer in order to encourage others to be proactive patients, get screened for cancer, and develop a regular health regimen.

- Planning Committee – help in planning the event
- Silent Auction Committee – assist in securing auction items for event
- Day of event committee members – help on the day of the event with assignments such as; the auction, registration, set-up, getting people, clean-up, etc.
- Invitation volunteers – assemble invitations for the event

## **Beryl V. Smith Scholarship**

Through the Beryl V. Smith Scholarship Package of Prevention hopes to recognize outstanding young individuals who have stood up to adversity and made great strides to assist their families through the harsh realities of cancer as well as educate others about their stories. Package of Prevention recognizes that when a parent is faced with cancer it can place tremendous stress and financial burden on the whole family and hopes this scholarship can prove assistance.

- Outreach Committee – will introduce and distribute the scholarship to various schools and organizations
- Selection Committee – will read scholarships and select scholarship winners

## **Fundraising Committee**

- Will work to establish fundraising ideas, events, and campaigns

## **Sponsorship Committee**

- Will work to establish sponsorship from various businesses and organizations. Tasks will include writing letters, making phone calls and personal visits to seek sponsorship for various events and fundraisers

## **Grant Writer**

- Will work to seek grants that would be beneficial to Package of Prevention and submit grant proposals? Experience in Grant writing is highly preferred

## **Volunteer Recruitment**

- Will work to recruit other volunteers for Package of Prevention through emails, online posts to various volunteer sites, school newspapers, etc.

## **Package of Prevention Video**

- Will work to establish a Package of Prevention video highlighting the mission and work of Package of Prevention. Volunteer is free to be as fully creative as need be to create the video

## **Other Opportunities**

- Those effected by cancer to share their story on our website or to be featured in upcoming newsletters
- Direct mail letter mailing – periodic
- Hold a *Total Package Party* and share with friends, family or co-workers the importance of getting screened for cancer and pass out Package of Prevention educational materials

I could start working by this date: \_\_\_\_\_

I understand that the nature of volunteer activities that I may perform in my capacity as a Volunteer may involve physical activity, contact with unidentified and/or unfamiliar persons, or other potential risk of bodily injury or damage to property. Knowing this and in consideration of being allowed to volunteer, **I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY PERSONAL INJURY AND/OR PROPERTY DAMAGE THAT I SUSTAIN OR CAUSE DURING MY PARTICIPATION AS A VOLUNTEER. IN ADDITION, I HEREBY RELEASE, HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST PACKAGE OF PREVENTION AND ANY OF THEIR EMPLOYEES, VOLUNTEERS, PARTNERS, AGENTS, SPONSORS, BOARD MEMBERS AND SUCCESSORS FROM ANY AND ALL LOSS, LIABILITY OR CLAIMS I MAY HAVE ARISING OUT OF MY SERVICE AS A VOLUNTEER.**

I understand that as a volunteer, I may become privy to confidential information about Package of Prevention. I agree to maintain the confidentiality of any information marked “confidential” as well as any information about the Package of Prevention’s internal procedures, business operations, personnel information and the like that is not otherwise public disclosed by Package of Prevention. I will not use any confidential information in any manner that would be detrimental to Package of Prevention and I will avoid any actions that might impair the reputation of the organization. By signing below, I attest to the truthfulness of all information listed in this application and agree to all the above terms and conditions.

Printed name of volunteer: \_\_\_\_\_

Volunteer’s Signature: \_\_\_\_\_

Parent’s or Guardian’s Signature: \_\_\_\_\_  
(If volunteer is under age 18)

Date: \_\_\_\_\_

Please email [info@packageofprevention.com](mailto:info@packageofprevention.com) for more information and volunteer opportunities.

**Thank you for your interest in Package of Prevention. We look forward to working with you to  
Change How We Fight!**