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Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____ Fax: _____

Email: _____

WHAT BEST DESCRIBES YOU?

- Ovarian cancer survivor caregiver family member/friend medical professional
 Other (please specify) _____

I AM INTERESTED IN VOLUNTEERING IN THE FOLLOWING CAPACITIES- AREAS:

Mailings & Office Assistance	Lobbying
Speakers' Bureau(training in GOCA office required)	Community/Private Health Fairs
Survivors Teaching Students	Advertising
GOCA Events	Medical Conferences

Please specify when you are available, including weekends and evenings? _____

When are you available to begin volunteering? _____ 2007.

Would you like to be involved on a phone line or visit other women with ovarian cancer? _____

___ Yes, I would like GOCA to contact me to schedule an awareness presentation on ovarian cancer for a women's group, church group, civic organization or health club I belong to, or for a Lunch-n-Learn at my workplace, or other gathering. (Min 10 attendees required)

___ Yes, I would like to be added to GOCA e-mail and physical mailing list.

___ Healthcare Provider / Professional, Conference, Newsletter or Mailing list only.

Thank you, for sharing your time and talents with us.