

OCC VOLUNTEER PROFILE

{ } Survivor { } Supporter PLEASE PRINT

Name _____

Address _____

City _____ State/Zip _____

Home phone _____ Cell _____

Email _____

My STRENGTHS include (but not necessarily limited to):

{ X }

Talking to:

Miscellaneous:

Computer skills:

_____ Newly Diagnosed _____ Run errands _____ Word

_____ Sponsors/donors _____ Deliver brochures _____ Excel

_____ The Media _____ Photography _____ PowerPoint

_____ Women's groups _____ Community awareness _____ Facebook

_____ Event planning _____ Artistic/crafty _____ Instagram

_____ Telephone support _____ Event setup _____ Twitter

_____ Awareness _____ Assemble baskets _____ Website

_____ Media promotion _____ Fundraising _____ You Tube

_____ Committee chair _____ Event cleanup Writing:

_____ Medical students _____ Inventory _____ Article for media

_____ Creating newsletters _____ Articles for newspaper

_____ Information for website

_____ Other

I have access to the following RESOURCES that can be used for OCC purposes:

_____ Family and friends who want to help

_____ A truck or van

_____ Other _____

OTHER WAYS I can contribute (feel free to use the back of this sheet to continue your list)

Send/fax your profile to:

OCC 5577 Airport Hwy. Ste. 206, Toledo, Ohio 43537 Fax: 888-462-6817