



THE
MINNIE PEARL
CANCER FOUNDATION

310 25th Ave North · Suite 103
Nashville, Tennessee 37203
PHONE 615 467 1936 · FAX 615 467 1940
www.minniepearl.org

The Minnie Pearl Cancer Foundation Volunteer Registration Form

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

In the event of an emergency, call: _____

MALE FEMALE

Date of Birth: _____

Do you have a cancer survivor in the family? YES NO

Availability (please indicate times):

WEEKDAY MORNINGS _____ WEEKDAY AFTERNOONS _____

WEEKDAY EVENINGS _____ WEEKENDS _____

Volunteer Interests

- Communications (mailings, PR)
- Fundraising (individual, corporate giving)
- Technology (website, database assistance)
- Special Events (see list)
- Board Development

Special Events

- Fusion
- How 100 (Women's Bike Event)
- The Minnie Challenge
- Women's Event Luncheon
- Young Adult Cancer Retreat

Experience/Special Areas of Interest:

I _____ will not hold the Minnie Pearl Cancer Foundation, its employees or agents liable for injury to my person or property. I understand the work I'm performing for The Foundation is confidential

SIGNATURE: _____ DATE: _____