



Official Walker Application

Contact Information

Name (First, Last)	
Street Address	
City, State, ZIP Code	
Cell Phone	
E-mail Address	
Team Name (if applicable)	

Previous Volunteer Experience and Qualifications

Please summarize your previous volunteer experience. Make sure to include special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Minneapolis, MN
www.willdrinkforboobs.com
www.facebook.com/WillDrinkForBoobs
twitter.com/willdrink4boobs



Purpose

In less than 250 words, tell us why you are walking the Breast Cancer 3-Day.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Walker, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal and revocation of support.

Name (printed)	
Signature	
Date	

Our Policy

Will Drink for Boobs Walkers commit to volunteering at the entire event and recruiting teams to attend. Walkers will be provided with a t-shirt and donations will be provided at least one month prior to the 3-Day.

Thank you for completing this application form and for your interest in becoming an official Will Drink for Boobs sponsored walker.

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