**PEER REVIEWER APPLICATION**

Submit application, resume and code of ethics form by Monday, December 1st, 2014 to volunteer@komenchicago.org

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| --- | --- | --- | --- |
| **Name:** |       | **Date:** |  |
| **Address:** |       |       |    |       |
|  | *ADDRESS* | *CITY* | *STATE* | *ZIP* |
| **Email:** |       |
| **Primary Phone:** |        | [ ]  Cell [ ]  Home [ ]  Work |  |
| **Secondary Phone:** |        | [ ]  Cell [ ]  Home [ ]  Work |  |
| **Which (if any) of our service area counties do you live in?** [ ]  Cook [ ]  Dupage [ ]  Kane [ ]  Lake [ ]  McHenry [ ]  N/A |
| **Gender:** [ ]  Female [ ]  Male | **Age Group** (for analysis)**:** | [ ]  18-22 [ ]  23-35 [ ]  35-55 [ ]  56 and over |
| **Race** (for analysis): [ ]  Caucasian [ ]  African American [ ]  Hispanic/Latino [ ]  Asian/Pacific Islander [ ]  Native American  [ ]  Other:        |
| **Are you a breast cancer survivor?:** [ ]  Yes [ ]  No  **Are you a breast cancer co-survivor?:** [ ]  Yes [ ]  No |
|  |
| **Have you volunteered in the past for the Chicagoland Area Affiliate of Susan G. Komen®, another Komen Affiliate or Komen Headquarters?** [ ]  Yes [ ]  No |
| **If yes, when and where (if not in Chicago)?** |       |
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| **Have you ever been a Komen Peer Reviewer?** [ ]  Yes [ ]  No |
| **If yes, please list years you participated:** |       |
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| **Are you volunteering to fulfill a requirement or an assignment?** [ ]  Yes [ ]  No |
| **If yes, please specify class/program name & # of hours:** |       |
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| **REFERRAL:** |
| **How did you hear about volunteer opportunities at Komen Chicago?** |
|       |
|  |
| **EDUCATION:** |
| **Highest Level of Education:** [ ]  High School [ ]  College [ ]  Other: |       |
| Please indicate most recent schools you attended or are currently attending: |
| Name & Location (City) | Major/Course of Study | Dates Attended | Did you Graduate or Still Attending? |
|       |       |       |       |
|  |
| **CURRENT EMPLOYER:** |
| **Employer:** |       | **Job Title/Occupation:** |       |
|  |
| **ABOUT YOU:** |
| **Why do you want to volunteer for the Chicagoland Area Affiliate of Susan G. Komen®?** |
|       |
|  |
| **In what capacity and for how long have you been involved in the field of breast health?** |
|       |
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| **What experience and/or expertise do you bring to the peer review process?** (e.g., grant writing, program design or evaluation, project management, health education and promotion, advocacy, survivorship, community programs, Komen programs, cultural competency, etc.) |
|       |
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| **Please describe your experience and understanding (if any) of various ethnic, racial and/or underserved populations that may be included in the grant process and/or in our 5 county service area.** |
|       |
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| **If you are selected as a Peer Reviewer, can you commit to the following dates:** [ ]  Reviewer Orientation – Tuesday, December 16th, 2014 from 6:30-8:30pm at Komen Chicago’s office near O’Hare  [ ]  Independent review of applications between December 22nd, 2014 – January 14th, 2015 [ ]  Reviewer Discussion Panel on Saturday, January 24th, 2015 from 9am-4pm   |

*Updated 11/2014*

|  |  |
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| **PRINTED NAME OF VOLUNTEER:** |       |
| **VOLUNTEER’S SIGNATURE:** |       |

**E-Mail (preferred) or mail your completed application, resume and code of ethics form to:**

Stephanie Chan Vo, Sr. Manager – Development & Volunteer Programs

Komen Chicago

8765 W. Higgins Road, Suite 401

Chicago, IL 60631

volunteer@komenchicago.org