



PEER REVIEWER APPLICATION

Submit application, resume and code of ethics form to mission@komenchicago.org by November 22nd, 2019

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 Susan G. Komen® Chicago, another Komen Affiliate or Komen Headquarters?
 Yes No

If yes, when and where (if not in Chicago)? _____

Have you ever been a Komen Peer Reviewer? Yes No

If yes, please list years you participated: _____

Are you volunteering to fulfill a requirement or an assignment? Yes No

If yes, please specify class/program name & # of hours: _____

REFERRAL:

How did you hear about volunteer opportunities at Susan G. 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 Susan G. Komen® Chicago?

In what capacity and for how long have you been involved in the field of breast health?

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.)

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.

If you are selected as a Peer Reviewer, can you commit to the following dates:

- Reviewer Orientation – December 7th, 2019 from 9:00am -1:00pm at the Komen Chicago office, 213 W. Institute Place
- Independent review of applications between December 9th, 2019 – January 24th, 2020
- Reviewer Discussion Panel on Saturday, February 1st, 2020 from 9am-4pm

PRINTED NAME OF VOLUNTEER:

VOLUNTEER'S SIGNATURE:

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

Komen Chicago
Attn: Peer Reviewer Application
213 W. Institute Pl, Suite 302
Chicago, IL 60610-3195

mission@komenchicago.org