





## **Survivor Board Member Questionnaire**

Name		Date:
Phone	e number:	Email:
1.	How has your life been a	affected by breast cancer?
2	A	
۷.	Are you comfortable sha	aring your story in a public capacity? Yes or No.
3.		ou would like to share? I.e. PowerPoint, graphic
	design/Canva, being a g	ood organizer, great baker, crafty, etc.
4.	Do you know another la	nguage? If so, which language?
5.	If you know another lan	guage, please rate your proficiency on a scale of 1 to 5 with 5
	being "fluent" and 1 being	ng "basic knowledge."
	Listening:	
	Reading:	
	Writing:	
	Speaking:	







6	Why do you want	to join the	Survivor	Roard at	Check for a	Lumn?
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Thank you for completing the questionnaire! Once we have a chance to review it, the Executive Director or Board President will reach out shortly. Thank you for your interest in Check for a Lump!