**PEER REVIEWER APPLICATION**

Submit application and resume as soon as possible to [msmith@komenmichigan.org](mailto:msmith@komenmichigan.org)

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| **Name:** | | |  | | | | | | | | | | | | | | **Date:** | |  | | |
| **Address:** | | |  | | | | | | | | | | |  | | | | | |  |  |
|  | | | *ADDRESS* | | | | | | | | | | | *CITY* | | | | | | *STATE* | *ZIP* |
| **Email:** | | |  | | | | | | | | | | | | | | | | | | |
| **Primary Phone:** | | | |  | | | | | Cell  Home  Work | | | | | |  | | | | | | |
| **Secondary Phone:** | | | | |  | | | | Cell  Home  Work | | | | | |  | | | | | | |
| **Which of our service area counties do you live in?**  **Mid-Michigan**  Clinton  Eaton  Ingham  Jackson  Livingston  Shiawassee  Washtenaw  N/A  **Southwest Michigan** Allegan Berrien Branch Calhoun Cass Kalamazoo Saint Joseph  Van Buren  N/A  **West Michigan**  Kent  Ottawa  Muskegon  Montcalm  Newaygo  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 | | | | | | | | | | | | | | | | | | | | | |
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| **Have you volunteered in the past for the Michigan Affiliate of Susan G. Komen®, another Komen Affiliate or Komen Headquarters?**  Yes  No | | | | | | | | | | | | | | | | | | | | | |
| **If yes, when and where?** | | | | | | |  | | | | | | | | | | | | | |
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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 Michigan?** | | | | | | | | | | | | | | | | | | | | | |
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| **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? | |
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| **CURRENT EMPLOYER:** | | | | | | | | | | | | | | | | | | | | | |
| **Employer:** | |  | | | | | | | | | **Job Title/Occupation:** | | | | | | |  | | | |
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| **ABOUT YOU:** | | | | | | | | | | | | | | | | | | | | | |
| **Why do you want to volunteer for Susan G. Komen® Michigan?** | | | | | | | | | | | | | | | | | | | | | |
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| **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 – Attend webinar Mon. Nov. 2, 2015 12pm-1pm and/or view recording available Nov. 3rd.  Independent review of applications between November 2 – November 30th, 2015  Reviewer Discussion Panel on Friday January 9th, 2015 10am to about 3pm (Mandatory attendance)  Attend Grant Review Committee Meeting for respective service area  Southwest Michigan – Tuesday December 8, 2015 9:00am-3:00pm  Mid-Michigan – Wednesday December 9, 2015 9:00am-3:00pm  West Michigan – Thursday December 10, 2015 9:00am-3:00pm  Hold the date for the Grant Review Committee Alternate Meeting for respective service area  Southwest Michigan – Tuesday December 15, 2015 9:00am-3:00pm  Mid-Michigan – Wednesday December 16, 2015 9:00am-3:00pm  West Michigan – Thursday December 17, 2015 9:00am-3:00pm | | | | | | | | | | | | | | | | | | | | | |
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*Updated 8/2015*

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

**E-Mail (preferred) or mail your completed application and resume by Wednesday October 28, 2015 to:**

Megan Smith, Mission Director

Komen Michigan

[msmith@komenmichigan.org](mailto:msmith@komenmichigan.org)

616.752.8262 x 2016