**PEER REVIEWER APPLICATION**

Submit application and resume as soon as possible to 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 |
|  |
| **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?** |
|       |
|  |
| **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® Michigan?** |
|       |
|  |
| **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 areaSouthwest Michigan – Tuesday December 8, 2015 9:00am-3:00pmMid-Michigan – Wednesday December 9, 2015 9:00am-3:00pmWest Michigan – Thursday December 10, 2015 9:00am-3:00pm[ ]  Hold the date for the Grant Review Committee Alternate Meeting for respective service areaSouthwest Michigan – Tuesday December 15, 2015 9:00am-3:00pmMid-Michigan – Wednesday December 16, 2015 9:00am-3:00pmWest Michigan – Thursday December 17, 2015 9:00am-3:00pm  |
|  |

*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

616.752.8262 x 2016