



Volunteer Application and Release Form

Date _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

(circle the best phone number to reach you during the day)

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Date of Birth (OPTIONAL) _____ Gender (OPTIONAL) Male Female

Are you a breast cancer survivor (OPTIONAL) Yes No

Have you ever been convicted (including entering a plea of guilty or nolo contendere) of any felony crimes within the past 7 years? Do not include convictions that were sealed or expunged pursuant to a court order.

Yes No

If you answered "Yes", please provide the following information: The date, place of the offense and charge:

Have you volunteered for Komen for the Cure in the past? Yes No

If so, when? _____

Why do you want to volunteer for Komen for the Cure?

Please indicate which areas you are interested in volunteering:

- Race for the Cure®
- Education Committee
- Special Events Committee
- Office Volunteer
- Grants Committee
- Speakers Bureau
- Survivor Committee

Please list any skills that you would be willing to contribute: _____

How often would you like to volunteer:

- weekly monthly occasionally

I am available during the:

daytime evenings weekends

I am interested in a:

leadership position

support position

Emergency Contact:

Name: _____

Phone: _____

Relationship to volunteer: _____

Komen Volunteer Release

I wish to volunteer for the Susan G. Komen for the Cure Southwest Florida d/b/a Komen Southwest Florida Affiliate ("Komen Affiliate"). I understand that my consent to these provisions is given in consideration for being permitted to volunteer for the Komen Affiliate. I UNDERSTAND THAT THE NATURE OF VOLUNTEER ACTIVITIES THAT I MAY PERFORM IN MY CAPACITY AS A VOLUNTEER MAY INVOLVE PHYSICAL ACTIVITY, CONTACT WITH UNIDENTIFIED OR UNFAMILIAR PERSONS, OR OTHER POTENTIAL RISK OF BODILY INJURY OR DAMAGE TO PROPERTY and I hereby voluntarily assume full and complete responsibility for, and the risk of, any injury or accident which may occur during my VOLUNTEER WORK WITH THE KOMEN AFFILIATE. TO THE FULLEST EXTENT OF THE LAW, I, FOR MYSELF, MY NEXT OF KIN, MY HEIRS, ADMINISTRATORS, AND EXECUTORS (COLLECTIVELY, "RELEASORS"), HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST (I) THE KOMEN AFFILIATE, THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. D/B/A SUSAN G. KOMEN FOR THE CURE ("KOMEN HEADQUARTERS"), AND ALL OTHER AFFILIATES OF KOMEN HEADQUARTERS AND THEIR RESPECTIVE DIRECTORS, OFFICERS, VOLUNTEERS, AGENTS AND EMPLOYEES; AND (II) ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THE KOMEN AFFILIATE OR KOMEN HEADQUARTERS (COLLECTIVELY, THE "RELEASEES") FOR ANY INJURY OR DAMAGES I MIGHT SUFFER IN CONNECTION WITH my VOLUNTEER WORK WITH THE KOMEN AFFILIATE. THIS RELEASE APPLIES TO ANY AND ALL LOSS, LIABILITY, OR CLAIMS I OR MY RELEASORS MAY HAVE ARISING OUT OF MY VOLUNTEER WORK WITH THE KOMEN AFFILIATE, INCLUDING BUT NOT LIMITED TO, PERSONAL INJURY OR DAMAGE SUFFERED BY ME OR OTHERS, WHETHER SUCH LOSSES, LIABILITIES, OR CLAIMS BE CAUSED BY CONTACT WITH AND/OR THE ACTIONS OF OTHER PERSONS, CONTACT WITH FIXED OR NON-FIXED OBJECTS, NEGLIGENCE OF THE RELEASEES, RISKS NOT KNOWN TO ME OR NOT REASONABLY FORESEEABLE AT THIS TIME, OR OTHERWISE.

I understand that as a volunteer, I may become privy to confidential information about a Releasee. I agree to maintain the confidentiality of any information marked "confidential" as well as any information about each Releasee's business operations, organizational structure, employee information, financial operations, marketing strategy, organization, donor lists and amounts, plans for upcoming events, current or proposed business transactions and sponsorships, and any proprietary information such as computer software and programming and the like that is not otherwise publicly disclosed. I will not use any confidential information in any manner that would be detrimental to a Releasee.

At all times during my volunteer work with the Komen Affiliate, I will conduct myself in such a manner as not to reflect unfavorably on or in any way diminish the reputation of the Komen Affiliate, Komen Headquarters and its affiliates.

I give my consent and permission to the Komen Affiliate, Komen Headquarters and its respective affiliates, successors, licensees, and assigns the irrevocable right to use, for any purpose whatsoever and without compensation, any photographs, videotapes, audiotapes, or other recordings of me that are made during the course of volunteering with the Komen Affiliate.

This Release shall be construed under the laws of the state in which the Komen Affiliate is located. In the event any provision of this Release is deemed unenforceable by law, (i) the Komen Affiliate shall have the right to modify such provision to the extent necessary to be deemed enforceable; and (ii) all other provisions of this Release shall remain in full force and effect.

I understand that I have given up substantial rights by signing this Release, and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

Volunteer's Signature: (required) _____ Date _____

Parent's or Guardian's Signature: _____ Date _____

(If volunteer is under age 18)

Susan G. Komen for the Cure
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Our vision is a world without breast cancer.