



Volunteer Application and Release Form

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

Areas of Interest: (please feel free to use the back of this application for additional comments)

- Race for the Cure® -- Race Day jobs with descriptions and time slots will be posted on our website. By checking this box you will receive e-mail notification with links to our volunteer site as early as October 2009.
- Office Support (weekday, daytime hours) – Duties may include bulk mailing, data entry, phone answering or other general office tasks.
- Education and Community Outreach Activities - set up and distribute breast health information for health fairs, train to be part of our Speakers Bureau, or help expand our outreach program.
- Fundraising/Special Events – volunteers needed to coordinate National programs in the local area such as Yoplait's Save Lids to Save Lives®, Komen's Passionately Pink for the Cure™, organize golf/tennis rallies in your community or help with Affiliate fundraising events (often evening and weekend hours).

I wish to volunteer for the Southwest Florida Affiliate of Susan G. Komen for the Cure (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 and/or unfamiliar persons, or other potential risk of bodily injury or damage to property. Knowing this and in consideration of being allowed to volunteer, I hereby assume full and complete responsibility for any personal injury and/or property damage that I sustain or cause during my participation as a volunteer. In addition, I hereby release, hold harmless and covenant not to file suit against the Komen Affiliate, Susan G. Komen for the cure (Komen) and any of their employees, volunteers, partners, agents, sponsors, board members and successors from any and all loss, liability or claims I may have arising out of my service as a volunteer.

I understand that as a volunteer, I may become privy to confidential information about the Komen Affiliate or Komen. I agree to maintain the confidentiality of any information marked "confidential" as well as any information about the Komen Affiliate's or Komen's internal procedures, business operations, personnel information and the like that is not otherwise publicly disclosed by the Komen Affiliate or Komen. I will not use any confidential information in any manner that would be detrimental to the Komen Affiliate or Komen, and I will avoid any actions that might impair the reputation of the Komen Affiliate or Komen.

Volunteer's Signature: (required) _____ Date _____

Parent's or Guardian's Signature: _____ Date _____
(If volunteer is under age 18)

Susan G. Komen for the Cure
Southwest Florida Affiliate
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Bonita Springs, FL 34134
P 239-498-0016 | F 239-498-0455
www.komenswfl.org

Our vision is a world without breast cancer.