



Today's Date: _____

Please check the appropriate box: Mr. Mrs. Ms. Miss

Name _____

Street: _____ Apt/Floor/Suite: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Home Cell Work

Email: _____

By providing your email address, you agree to accept email information from the Philadelphia Affiliate of Susan G. Komen for the Cure®

Please return this form via email to donna@komenphiladelphia.org (please include the event title in the subject line) or via fax to Attention: Donna S. Millen at 215-238-1419

Volunteer Release Form

This waiver will remain on file thru August 31, 2010

I wish to volunteer for Susan G. Komen Breast Cancer Foundation, Inc., dba Susan G. Komen for the Cure. 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 SUSAN G. KOMEN FOR THE CURE.**

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

Volunteer's Signature: _____ Date: _____

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

EMERGENCY CONTACT INFORMATION:

Name _____ Relationship _____

Phone _____

Volunteer Questionnaire

<input type="checkbox"/> I am a Survivor	<input type="checkbox"/> Best to reach me via: _____ Email _____ Phone	<input type="checkbox"/> I am bilingual _____ <i>Please specify language</i>
<input type="checkbox"/> Volunteer limitation – any health issues we should be aware of? _____		
<input type="checkbox"/> Race for the Cure (Please check all that apply) () Pre-event help leading up to Race Day () Race set up the day before () Race day help (<i>must be at Eakins Oval by 5:00am</i>)	<input type="checkbox"/> Office Help (Please check all that apply) () Answer phones () Make phone calls () Label / Stuff Envelopes () Filing Help () Proof Reading () Computer Skills _____ None _____ User _____ Expert () Other _____	
<input type="checkbox"/> Event Help (Please check all that apply) () Greeter () Registration () Operations _____ Prep work before the event-in the office _____ Prep work before the event onsite _____ Set-up / Breakdown () Other _____		

- Health Fairs** – person a table and hand out Susan G. Komen for the Cure information
1. Daytime events? _____ Evening events? _____
 2. How much notice do you need to be able to do an event? _____
- Speaking Events** – represent Susan G. Komen for the Cure, speak about the importance of breast health, speak about the work and efforts of the organization, tell your story (survivor, co-survivor, family or friend of, why you became involved).
1. Daytime events? _____ Evening events? _____
 2. How much notice do you need to be able to do an event? _____
- Other forms of help or information you would like to provide –**
- _____
- _____