



VOLUNTEER APPLICATION FORM

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Day Telephone _____ Evening _____

Phone _____

E-mail _____

Do you wish to be recognized as a breast cancer survivor? _____

_____ I would like to receive e-mails about Komen activities

I prefer to be contacted by: _____ E-mail _____ Phone _____

Have you volunteered for Komen for the Cure in the past? If so, when? _____

Employer _____ Position _____

Or School _____ Major _____

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

SKILLS

If you speak a foreign language and are willing to share your skills, please indicate which language(s)

Please indicate if you have more than one year of experience in the following areas:

_____ Data Entry	_____ Health Care Professional
_____ Excel and Word	_____ Non-profit Board member
_____ Event Planning	_____ Photography
_____ Finance	_____ Public Relations
_____ Fundraising	_____ Public Speaking
_____ Grant writing	_____ Teaching

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

How often would you like to volunteer? _____ Weekly _____ Monthly _____ Occasionally

Availability: Daytime _____ yes _____ no Evening _____ yes _____ no Weekend _____ yes _____ no

I am interested in a _____ leadership position or _____ support position.

POSITION DESCRIPTION

Race

Race Day Volunteer work before, during, or after the Race, positions will mainly be at the Race course site; there are multiple positions available during the race week, ie.

General/office	Data Entry	Packet p/u	Brochure Distribution	Survivor Dinner	Survivor Tent	Sponsors	Logistics	Parking
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Community Programs

Committee Member Participate in monthly meetings to help create and implement the Community Program department's goals and objectives. Committee Member Committee members work on various committees for the Race, Grant, or Education available; year-long commitment.

Health Fairs Increase awareness and knowledge of breast health by handing out information and answering questions at various health fairs.

Survivor Activities Volunteer at survivor events such as Survivor Dinner and other other survivor activities.

Grants Committee members, review grant applications assign scores and make recommendations. Grants are reviewed every August. Training may be provided.

Internships Various opportunities are available year round in the Race, Community Program Dept., Volunteer Department, Education programs.

Emergency Contact:

Name: _____ Phone: _____

Relationship to Volunteer: _____

I wish to volunteer for the Boise Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. (the "Boise 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 THE KOMEN AFFILIATE, THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. (THE "FOUNDATION") 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 the Foundation. I agree to maintain the confidentiality of any information marked "confidential" as well as any information about the Komen Affiliate's or the Foundation's internal procedures, business operations, existing or prospective donor information, proprietary business information, personnel information and the like that is not otherwise publicly disclosed by the Komen Affiliate or the Foundation. I will not use any confidential information in any manner that would be detrimental to the Komen Affiliate or the Foundation, and I will avoid any actions that might impair the reputation of the Komen Affiliate or the Foundation.

Printed Name of Volunteer: _____ Volunteer Signature: _____

Parent or Guardian's Signature: _____ Date: _____

(Required for those volunteers under 18)

Thank you for your interest in volunteering with the Boise Affiliate of Susan G. Komen for the Cure. We appreciate your offer to share your time and talents with us. We will contact you once we have received your completed application.

Please return to: Komen Volunteers · 6901 W. Emerald Ste. 209, Boise, ID 83704 or fax to: 208-384-0014

*****This release must be received prior to volunteer involvement.***