



VOLUNTEER APPLICATION

First Name _____ Last Name _____ M.I. _____

Home Address _____ Apt. _____

City _____ State _____ Zip _____

Home Phone _____ Cell/Other _____

E-mail _____ Date of Birth _____

Employer _____ Occupation _____

Are you a current South Florida Komen Volunteer? (Y/N) _____ If Yes, please enter Year Started _____

Are you a Year-Round Resident? (Y/N) _____ Do you wish to be recognized as a Breast Cancer Survivor? (Y/N) _____

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

RACE DAY _____ Did you volunteer at last year's race? (Y/N) _____

If Yes, please indicate your assigned volunteer position _____

Availability ~ Daytime? (Y/N) _____ Evening? (Y/N) _____ Weekend? (Y/N) _____

Have you ever been convicted of a felony? (Y/N) _____ If Yes, explain _____

Have you ever been charged with any crime involving a child? (Y/N) _____ If Yes, explain _____

Are you fluent in any language other than English? (Y/N) _____ If yes, please list _____

Why do you want to volunteer for the South Florida Affiliate of Susan G. Komen for the Cure®?

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

- | | | |
|---------------------------------------|-------------------------------|-----------------------------|
| _____ Data Entry | _____ Excel & Word | _____ Event Planning |
| _____ Finance | _____ Fundraising | _____ Grant Writing |
| _____ Health Care Professional | _____ Journalism | _____ Photography |
| _____ Public Relations | _____ Public Speaking | _____ Other _____ |

In case of emergency, person to contact:

Name _____ Phone _____ Relationship _____

KOMEN VOLUNTEER RELEASE

I have read this Volunteer Application in its entirety and certify that all statements and representations made in it are true and correct and have been given by me voluntarily. I understand and agree that a **criminal history and background check will be conducted on all volunteer applicants**. I also understand that, if selected, I may need to participate in a **volunteer orientation before beginning to serve**. The South Florida Affiliate of Susan G. Komen for the Cure® reserves the right to deny an application for any reason and to terminate a volunteer placement at any time for any reason. I agree that upon placement I will perform my volunteer responsibilities without compensation, and in performing these responsibilities, I am not in any way acting as an employee, representative or agent of the Affiliate. I wish to volunteer for the Affiliate and I understand 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. Knowing this, I hereby assume full and complete responsibility for any personal injury and/or property damage that I may sustain or cause during my participation as a volunteer. In addition, I hereby release, hold harmless & covenant not to file suit against the Komen Affiliate, Susan G. Komen for the Cure, Inc. and 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 Susan G. Komen for the Cure. I agree to maintain the confidentiality of any information marked "confidential" as well as any information about the Komen Affiliate's or Susan G. Komen for the Cure's internal procedures, business operations, personnel information and the like that is not otherwise publicly disclosed by the Komen Affiliate or Susan G. Komen for the Cure. I will not use any confidential information in any manner that would be detrimental to the Komen Affiliate or Susan G. Komen for the Cure, and I will avoid any actions that might impair the reputation of the Komen Affiliate or Susan G. Komen for the Cure. I also understand that my photograph may be taken and utilized.

Volunteer Signature _____ Date _____

Volunteers under the age of 18 must have a Parent or Legal guardian give permission by filling out and signing the information below:

Parent/Guardian Name _____ P/G Signature _____ Date _____

Home Phone _____ Work Phone _____ Cell Phone _____

Thank you for your interest in volunteering with the South Florida 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 reviewed your completed application.

Please return your completed and signed application by fax to: 561.514.3531, Email to: volunteer@komensouthflorida.org
Or Mail to: South Florida Affiliate of Susan G. Komen for the Cure - 1309 North Flagler Drive, 5th Floor, West Palm Beach, FL 33401