

Date: _____



Komen Volunteer Release Form

Contact Information:

Name _____ Date of Birth _____

Street _____

City _____ State _____ Zip _____

Phone: Home () _____ Work () _____ Cell () _____

Email _____ Fax () _____

Company/Group Name _____

I prefer to be contacted by: _____

Emergency Contact Information:

Name _____ Relationship _____

Phone () _____

Personal Information:

Do you have any health issues/restrictions that we should be aware of?

Volunteer interests/skills: _____

Areas of Expertise (You may select multiple areas):

- | | |
|---|---|
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Health Care Professional |
| <input type="checkbox"/> Excel and Word | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Public Policy |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Teaching |

Availability (Please circle):

Daytime Evening Weekend

Specific Date/Time: _____

How often would you like to volunteer (Please circle):

Weekly Monthly Occasionally

I am interested in volunteering for:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Office Help | <input type="checkbox"/> Speaking Engagements |
| <input type="checkbox"/> Health Fairs | <input type="checkbox"/> Public Policy | <input type="checkbox"/> Special Events |

I am interested in a: Leadership Position Support Position

Have you ever been convicted of a felony? Yes No

Have you been charged with any crime involving a child? Yes No

If yes, explain: _____

I am a Breast Cancer Survivor: Yes No

Date Commemorating Survivorship: _____

I wish to volunteer for the El Paso Affiliate of 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, SUSAN G. KOMEN FOR THE CURE 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 of the Organization. I agree to maintain the confidentiality of any information marked "confidential" as well as any information about the Komen Affiliate's or the Organization'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 Organization. I will not use any confidential information in any manner that would be detrimental to the Komen Affiliate or the Organization, and I will avoid any actions that might impair the reputation of the Komen Affiliate or the Organization.

Printed name of volunteer: _____

Volunteer's Signature: _____

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

Date: _____