

Susan G. Komen for the Cure® Volunteer Interest Form

Name: _____ E-mail address: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____ Birthdate: ____/____/____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: (____) _____

Do you have any health issues we should be aware of? _____

Do you have any special skills? _____

When you are you available to work? Daytime Evenings Weekends Varies

Do you want to be on a committee, or just volunteer as needed? _____

Are you volunteering as part of a group? No Yes - Group Name: _____

Ongoing Opportunities

- | | | |
|--|---|--|
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Marketing | <input type="checkbox"/> Speaker's Bureau |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Sponsorship | <input type="checkbox"/> Office Assistant |
| <input type="checkbox"/> Treasury | <input type="checkbox"/> Grants Committee | <input type="checkbox"/> Education Committee |
| <input type="checkbox"/> Volunteer Development | | |

Pre-Race Opportunities

- | | | |
|--|---|--|
| <input type="checkbox"/> Awards Ceremony/Race Entertainment | <input type="checkbox"/> Komen VIP Tent | <input type="checkbox"/> Site Set-up |
| <input type="checkbox"/> Deliveries - Sponsor Gifts, Teams, etc. | <input type="checkbox"/> Inter-Denominational Service | <input type="checkbox"/> Signage/Banners |
| <input type="checkbox"/> Late Registration/T-shirt pickup | <input type="checkbox"/> Team Committee | <input type="checkbox"/> Team Packing |
| <input type="checkbox"/> Entry Form Distribution | <input type="checkbox"/> Wait for deliveries | <input type="checkbox"/> Friends for the Cure®
Donation Program |

Race Day Opportunities

- | | | |
|---|---|--|
| <input type="checkbox"/> Bag Check | <input type="checkbox"/> Food and Beverage | <input type="checkbox"/> Race Course/Traffic control |
| <input type="checkbox"/> Distribute Education Materials | <input type="checkbox"/> Komen VIP Hospitality Tent | <input type="checkbox"/> Survivor Parade of Pink |
| <input type="checkbox"/> Expo | <input type="checkbox"/> Parking | <input type="checkbox"/> Survivor Tent |
| <input type="checkbox"/> Finish Line | <input type="checkbox"/> Post Race Clean Up | <input type="checkbox"/> Volunteers on Standby |
| <input type="checkbox"/> Merchandise Sales | <input type="checkbox"/> Komen KidZone | |

Other Affiliate Activities

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Bowl for the Cure® | <input type="checkbox"/> Hoops for the Cure® | <input type="checkbox"/> Pink Sunday |
|---|--|--------------------------------------|

I wish to volunteer for the Greater Evansville 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. (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, 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.

Print Name _____ Signature of Volunteer _____ Date _____

Signature of Parent/guardian if volunteer is under 18 years of age _____

**Please return to Greater Evansville Affiliate Office, 4424 Vogel Road, Suite 205, Evansville, IN 47715
or fax to (812) 962-2204**