



# Volunteer Application

Become a Komen Activist and help end breast cancer forever!

You can also sign up via our website at [www.komenoc.org](http://www.komenoc.org)

Please **complete form in its entirety** to ensure the best possible volunteer opportunities, thank you!

CHECK ONE:  MR.  MS. SEX: MALE:  FEMALE:  BIRTHDAY: MO \_\_\_\_\_ DAY \_\_\_\_\_

LAST NAME: \_\_\_\_\_ PREFERRED FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

ORGANIZATION / GROUP NAME: (IF APPLICABLE): \_\_\_\_\_

PREFERRED ADDRESS: LINE 1: \_\_\_\_\_

WORK:  HOME:  LINE 2: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PREFERRED PHONE: WORK  : PERSONAL  : CELL  : \_\_\_\_\_

PREFERRED E-MAIL: WORK  : PERSONAL  : \_\_\_\_\_

I WOULD LIKE TO BE A CHAMPION FOR THE CURE? (EMAIL REQUIRED)  YES  NO  
YOU WILL RECEIVE UPDATES ON CURRENT LEGISLATION & CAMPAIGNS

Please check the areas you are interested in volunteering for: (Check our website for additional information)

- GENERAL OFFICE/CLERICAL ASSISTANCE
- HEALTH FAIRS
- WIG SALON
- SPEAKERS BUREAU
- KOMEN ON THE GO
- BREAST HEALTH SYMPOSIUM
- PUBLIC POLICY/ADVOCACY ALLIANCE
- MAILINGS
- BAG STUFFING
- FIT FOR THE CURE
- RACE FOR THE CURE® DAY OF EVENT
- RACE FOR THE CURE® PRE-EVENT
- PINK TIE BALL
- SPECIAL EVENTS (FUNDRAISERS, BALL GAMES, ETC)
- 3<sup>RD</sup> PARTY EVENTS (TRY IT ON FOR A CURE, GOLF EVENTS)

AVAILABILITY  WEEKDAYS  WEEKENDS

AM HOURS ( 8:30AM-12:00PM )  PM HOURS (12:00PM – 5:00PM)  AFTER HOURS (5:00PM – 10:00PM)

**ADDITIONAL INFORMATION:**

- I AM BILINGUAL. I AM FLUENT IN THE FOLLOWING LANGUAGES: \_\_\_\_\_
- I HAVE COMPUTER SKILLS BASIC  ADVANCED  \_\_\_\_\_
- I HAVE SPECIAL TRAINING: (AMERICAN SIGN LANGUAGE, GRAPHIC ART & DESIGN, PHOTOGRAPHY, ETC.) \_\_\_\_\_
- SPECIAL NEEDS OR LIMITATIONS: \_\_\_\_\_

BREAST CANCER SURVIVOR  YES  NO

Please remember to contact us if any of the previous information changes, thank you!

Please return to: Susan G. Komen for the Cure  
3191-A Airport Loop Dr.  
Costa Mesa, CA 92626  
Fax to (714) 957-9155

For questions, call (714) 957-9157  
or e-mail [cbrenneman@komenoc.org](mailto:cbrenneman@komenoc.org)  
Thank you for your interest!  
[www.komenoc.org](http://www.komenoc.org)

PLEASE BE SURE TO FILL OUT BOTH SIDES COMPLETELY. THANK YOU.

**Please Read Carefully**

I wish to volunteer for the Orange County Affiliate of Susan G. Komen for the Cure. (the “Komen Affiliate”). 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 VOUNTEER. IN ADDITION, I HEREBY RELEASE, HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THE KOMEN AFFILIATE, SUSAN G. KOMEN 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 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 the Organization’s internal procedures, business operations, 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.

Date: \_\_\_\_\_

Printed name of volunteer: \_\_\_\_\_

Volunteer’s Signature: \_\_\_\_\_

Parent’s or Guardian’s Signature: \_\_\_\_\_

(If volunteer is under age 18) Birth date: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone(s): \_\_\_\_\_

Do you have any health issues that we should be aware of? \_\_\_\_\_

**PLEASE BE SURE TO FILL OUT BOTH SIDES COMPLETLEY. THANK YOU.**