

Contact Information

Name:		Date of Birth:	
Street Address:			
City:		State/Zip:	
Home Phone:		Cell Phone:	
Work Phone:			
E-Mail Address:			

Emergency Contact Information

Name:			
Home Phone:		Cell Phone:	
Work Phone:		Relationship:	

I would like to be recognized as a Breast Cancer Survivor (check box) Yes:

Do you have a personal connection with breast cancer? Please explain:

Availability

During which hours are you available to volunteer? Check all that apply:

- Weekdays
 Evenings
 Weekends

How often would you like to volunteer? Check all that apply:

- Regularly
 Several hours per month
 Occasionally

Interests

How are you interested in volunteering (check all that apply)?

- Administrative/Office Support* – Provide administrative support to the Komen office; assist with materials preparation, bulk mailings, data entry, office work, etc.
- Events* – Coordinate various local events and/or volunteer on event days.
- Public Relations/Communications* – Promote Komen events, work with media outlets, help with website, attend legislative and policy events
- Fundraising* – Solicit cash sponsorships and in-kind donations for various Affiliate activities.
- Education* – Disseminate breast health information.
- Survivors* – Plan and implement ways to support, celebrate and involve breast cancer survivors.
- Volunteer Coordination* – Recruit volunteers for various Affiliate activities.
- Finance* – Assist with mailings to donors, gift acknowledgements, donation tracking & accounting.

Special Skills or Qualifications

Do you have any special skills or interests that could benefit the Affiliate?

--

Have you ever been convicted of a felony (check one)?

Yes:

No:

Please explain:

Have you ever been convicted of a crime involving a child (check one)?

Yes:

No:

Please explain:

Volunteer Release

I wish to volunteer for the Greater Roanoke Valley 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 volunteer. In addition, I hereby release, hold harmless and covenant not to file suit against the Komen Affiliate, Susan G. Komen for the cure ("Komen") 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 Komen. I agree to maintain the confidentiality of any information marked "confidential" as well as any information about the Komen Affiliate's or Komen's internal procedures, business operations, personnel information and the like that is not otherwise publicly disclosed by the Komen Affiliate or Komen. I will not use any confidential information in any manner that would be detrimental to the Komen Affiliate or Komen, and I will avoid any actions that might impair the reputation of the Komen Affiliate or Komen.

Printed Name of Volunteer:	
Volunteer's Signature:	
Parent or Guardian's Signature (If volunteer is under age 18):	
Date:	

Please return form to:

Or fax to: 540-344-7159

Greater Roanoke Valley Affiliate
Susan G. Komen for the Cure
Attn: Volunteer Committee
7 Albemarle Ave. SW
Roanoke, VA 24016

Thank you!