



## Volunteer Application

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

\*E-mail: \_\_\_\_\_

(\*Your email address is required in order to receive information about upcoming volunteer opportunities.)

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

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

Please Explain: \_\_\_\_\_

Do you wish to be recognized as a breast cancer survivor? \_\_\_\_\_ If so how many years? \_\_\_\_\_

Birthdate (month/day): \_\_\_\_\_

If you speak a foreign language and are willing to share your skills, please indicate which language(s):

\_\_\_\_\_

Why do you want to volunteer for Komen for the Cure? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you volunteered for Komen for the Cure in the past? \_\_\_\_\_

If so, where and when? \_\_\_\_\_

### SKILLS

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

_____ Data Entry	_____ Health Care Professional
_____ Excel and Word	_____ Journalism
_____ Event Planning	_____ Photography
_____ Finance	_____ Public Relations
_____ Fundraising	_____ Public Speaking
_____ Grant Writing	_____ Teaching

Please list any additional skills that you would be willing to contribute: \_\_\_\_\_

How often would you like to volunteer? \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Occasionally

Daytime availability \_\_\_ Yes \_\_\_ No Evening availability \_\_\_ Yes \_\_\_ No Weekend availability \_\_\_ Yes \_\_\_ No

I am interested in a \_\_\_ leadership position or \_\_\_ support position.

References: Please provide two references other than family or friends whom you have known for over a year.

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

***Please indicate all of the positions that you are interested in applying for below.***

**POSITION**

**DESCRIPTION**

**Race**

Race Day Volunteer

Work on Race Day or at the Health Expo; multiple positions available on Race Weekend. An additional Race Volunteer Registration must be completed.

Brochure Distribution  
Committee Member

Distribute Race brochures to local businesses in July, August, & September..  
Committee members work on various committees for the Race or Health Expo – year-long commitment.

Race Office Assistant

Assist Race Manager with phone calls and administrative duties from May through September.

**Development/Special Events**

Special Event Volunteer

Represent the Komen for the Cure at various Komen and third party events.

**Community Program**

**Department**

Committee Member

Participate in monthly meetings to help create and implement the Community Program Department's goals and objectives. Committee's include, Education and Grants.

Speaker's Bureau

Speak about breast health education to community groups and organizations; training provided.

Health Fairs

Increase awareness and knowledge of breast health by handing out information and answering question's at various health fairs.

Survivor Activities

Participate as a breast cancer survivor , Survivor Luncheon or other survivor activities.  
Performs a variety of tasks depending on project deadlines. Beginning computer skills including

**Administrative**

Data Entry

Enter data into our database or perform other computer work involving Microsoft Word or Excel during office hours (varies- needed during various events).

Office Assistant

Assist program managers with various administrative duties that do not include the computer during office hours (varies- needed during high times of calls)

**Miscellaneous**

Photographer

Photographer needed with some professional experience for various events.

Writer

Assist with writing or editing newsletter articles, assisting the PR chair in getting Press Releases sent out on all events.



## Volunteer Release Form

### Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

**I wish to volunteer** for Susan G. Komen for the Cure Central Florida 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 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 Central Florida 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 Central Florida 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 Central Florida 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 Central Florida 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 Central Florida Affiliate or Susan G. Komen for the Cure, and I will avoid any actions that might impair the reputation of the Komen Central Florida Affiliate or Susan G. Komen for the Cure.

Printed Name of Volunteer: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**(Required for those volunteers under 18)**

Thank you for your interest in volunteering with the Central 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 received your completed application.

**Please return to:**

Central Florida Affiliate of Susan G. Komen for the Cure  
1350 Orange Ave, Suite 260, Winter Park, FL 32789  
**Or fax to: 321-972-5535**

**www.komencentralflorida.org • info@komencentralflorida.org**  
**321.972.5534**

**\*\*This release must be received prior to volunteer involvement.\*\***