



Affiliate Volunteer Application

Date: _____

Contact Information

First Name		Birth Date	
Last Name		Email	
Street Address		Telephone	
City, Zip		County	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Employer	

Contact Preferences

I would like to receive postal mail from Komen	<input type="checkbox"/> Yes <input type="checkbox"/> No	I prefer to be contacted by:	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Either
I would like to receive emails from Komen	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Survivor Information

I would like to be recognized as a survivor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Diagnosis (if you would like to share)	
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Volunteer Information

Preferred County to volunteer in (check one or more)	<input type="checkbox"/> Alamance <input type="checkbox"/> Alexander <input type="checkbox"/> Alleghany <input type="checkbox"/> Ashe <input type="checkbox"/> Avery <input type="checkbox"/> Burke <input type="checkbox"/> Caldwell <input type="checkbox"/> Catawba <input type="checkbox"/> Davie <input type="checkbox"/> Davidson <input type="checkbox"/> Forsyth <input type="checkbox"/> Guilford <input type="checkbox"/> Madison <input type="checkbox"/> Mitchell <input type="checkbox"/> Randolph <input type="checkbox"/> Rockingham <input type="checkbox"/> Stokes <input type="checkbox"/> Surry <input type="checkbox"/> Watauga <input type="checkbox"/> Wilkes <input type="checkbox"/> Yadkin <input type="checkbox"/> Yancey
If you speak a foreign language and are willing to share your skills, please indicate which language(s)	

Additional Information

Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes", please provide the following information: The date, place of the offense and charge	

Interests

Please indicate (X) which of the following volunteer opportunities at our Affiliate are of interest to you:

Race for the Cure®		Office/Administrative	
Pink Tie Ball		Survivor Speaking Engagements	
Leadership/Board of Directors		Volunteer Management	
Pink Out Games		African-American Outreach	
Breast Health Education Events		Hispanic Outreach	

I certify that I completed this volunteer application and that all the answers to the questions on this volunteer application and any attachments are to the best of my knowledge true and correct and that I have not knowingly withheld any pertinent facts or circumstances all of which are subject to validation. I understand that any misrepresentation, false statement, or omission made by me with respect to the information contained in this volunteer application could disqualify me from consideration as a volunteer, or if selected as volunteer, result in the termination of my volunteer efforts from Susan G. Komen Northwest NC®.

If selected as a volunteer, I agree to comply with the rules and regulations of Susan G. Komen Northwest NC®. I also give my consent and permission to Susan G. Komen Northwest NC, Susan G. Komen Headquarters and its respective Affiliates, successors, licensees, and assigns the irrevocable right to use, for any purpose whatsoever and without compensation, any photographs, videotapes, audiotapes, or other recordings of me that are made during the course of volunteering with Susan G. Komen Northwest NC.

Volunteer Name: _____

Please sign the attached Volunteer Release Form and return to Susan G. Komen Northwest NC at:

Susan G. Komen Northwest NC
1106 Burke Street
Winston-Salem, NC 27101
Fax: (336) 721-0681
E-mail: volunteer.coordinator@komennorthwestnc.org
www.komennorthwestnc.org

Volunteer Release

Emergency Contact Information:

Emergency Contact Name: _____

Relationship: _____

Phone: _____

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

I wish to volunteer for Susan G. Komen Northwest NC®. I understand that my consent to these provisions is given in consideration for being permitted to volunteer for Susan G. Komen Northwest NC. I understand that the nature of volunteer activities that I may perform may involve physical activity, contact with unidentified or unfamiliar persons, potential risk of bodily injury or damage to property and I hereby voluntarily assume full and complete responsibility for, and the risk of, any injury, loss or accident which may occur during my volunteer work with Susan G. Komen Northwest NC. To the fullest extent of the law, I, my next of kin, my heirs, administrator, and executors hereby release and hold harmless and covenant not to file suit against Susan G. Komen Northwest NC®, The Susan G. Komen Breast Cancer Foundation, Inc./Susan G. Komen® headquarters (releasees) for any injury, losses or damages I might suffer in connection with my volunteer work with Susan G. Komen Northwest NC.

I understand that as a volunteer, I may become privy to confidential information. I agree to maintain the confidentiality of any information marked "confidential" as well as any information about Releasee's business operations, organizational structure, employee information, financial operations, marketing strategy, organization, donor lists and amounts, plans for upcoming events, current or proposed business transactions and sponsorships, and any proprietary information such as computer software and programming and the like that is not otherwise publicly disclosed. I will not use any confidential information in any manner that would be detrimental to Releasee's.

At all times during my volunteer work with Susan G. Komen Northwest NC, I will conduct myself in such a manner as not to reflect unfavorably on or in any way diminish the reputation of Susan G. Komen Northwest NC, Susan G. Komen Headquarters and its Affiliates.

This Release shall be construed under the laws in the State of North Carolina. In the event any provision of this Release is deemed unenforceable by law, (i) the Komen Northwest NC Affiliate shall have the right to modify such provision to the extent necessary to be deemed enforceable; and (ii) all other provisions of this Release shall remain in full force and effect.

I have signed this release freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

Printed Name of Volunteer: _____

Volunteer's Signature: _____

Parent or Guardian's Signature: _____

(If volunteer is under age 18)

