

VOLUNTEER APPLICATION

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

E-mail _____ I prefer to be contacted by: _____ E-mail _____ Phone _____

I would like to receive e-mails about Komen activities

Employer _____ Position _____

School _____ Major _____ Year in Program _____

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

Do you wish to share your story? _____ Birth date (year optional) _____

Do you speak a foreign language? If so, please indicate what 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, when? _____

SKILLS & EXPERIENCE

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

_____ Data Entry	_____ Health Care Professional
_____ Computer/MS Office	_____ Photography
_____ Event Planning	_____ Teaching/Training
_____ Finance	_____ Marketing/Communications/Public Relations
_____ Fundraising	_____ Diversity/Inclusions
_____ Grant Writing	_____ Volunteer Coordination

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

How often would you like to volunteer? _____ Weekly _____ Monthly _____ Occasionally _____

Availability: Daytime _____ Yes _____ No _____ Evening _____ Yes _____ No _____ Weekend _____ Yes _____ No _____

I am interested in a _____ leadership position or _____ support position.

VOLUNTEER OPPORTUNITIES

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

COMMUNITY OUTREACH EFFORTS

_____ Health Fairs	Increase awareness and knowledge of breast health by handing out information and answering questions at various health fairs.
_____ Speaker's Bureau	Present breast health education to community groups, organizations, and corporations.
_____ Trainer	Train speakers about breast health education and the Komen organization. (Experienced teaching/training required.)

AFFILIATE SPONSORED EVENTS

Komen Portland Race for the Cure®
 _____ Planning Committee _____ Health Expo _____ Race Day Volunteer

Komen Eugene Race for the Cure®
 _____ Planning Committee _____ Race Day Volunteer

Breast Cancer Issues™ Conference
 _____ Planning Committee _____ Day of Volunteer

GRANT PEER REVIEWER

___ Review grant applications, assign scores and make recommendations. Grants are reviewed every January.
Training provided.

ADMINISTRATIVE/MISSION EFFORTS (during office hours)

___ Office Assistant (including computer work)
___ Special Projects (as needed)
___ Event Preparations (as needed)
___ Special Mission Projects or Teams

INTERSHIPS

___ Intensive minimum 3 month commitment, 8-10 hours a week

ADVOCACY

___ Champions for the Cure: Receive e-mails on how you can help drive public policy.

Komen Volunteer Release

I wish to volunteer for the Susan G. Komen for the Cure, Oregon & SW Washington Affiliate. I understand that my consent to these provisions is given in consideration for being permitted to volunteer for 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 OR UNFAMILIAR PERSONS, OR OTHER 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 OR ACCIDENT WHICH MAY OCCUR DURING MY VOLUNTEER WORK WITH THE KOMEN AFFILIATE. TO THE FULLEST EXTENT OF THE LAW, I, FOR MYSELF, MY NEXT OF KIN, MY HEIRS, ADMINISTRATORS, AND EXECUTORS (COLLECTIVELY, "RELEASORS"), HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST (I) THE KOMEN AFFILIATE, THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. D/B/A SUSAN G. KOMEN FOR THE CURE ("KOMEN HEADQUARTERS"), AND ALL OTHER AFFILIATES OF KOMEN HEADQUARTERS AND THEIR RESPECTIVE DIRECTORS, OFFICERS, VOLUNTEERS, AGENTS AND EMPLOYEES; AND (II) ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THE KOMEN AFFILIATE OR KOMEN HEADQUARTERS (COLLECTIVELY, THE "RELEASEES") FOR ANY INJURY OR DAMAGES I MIGHT SUFFER IN CONNECTION WITH MY VOLUNTEER WORK WITH THE KOMEN AFFILIATE. THIS RELEASE APPLIES TO ANY AND ALL LOSS, LIABILITY, OR CLAIMS I OR MY RELEASORS MAY HAVE ARISING OUT OF MY VOLUNTEER WORK WITH THE KOMEN AFFILIATE, INCLUDING BUT NOT LIMITED TO, PERSONAL INJURY OR DAMAGE SUFFERED BY ME OR OTHERS, WHETHER SUCH LOSSES, LIABILITIES, OR CLAIMS BE CAUSED BY CONTACT WITH AND/OR THE ACTIONS OF OTHER PERSONS, CONTACT WITH FIXED OR NON-FIXED OBJECTS, NEGLIGENCE OF THE RELEASEES, RISKS NOT KNOWN TO ME OR NOT REASONABLY FORESEEABLE AT THIS TIME, OR OTHERWISE.**

I understand that as a volunteer, I may become privy to confidential information about a Releasee. I agree to maintain the confidentiality of any information marked "confidential" as well as any information about each 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 a Releasee.

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

I give my consent and permission to the Komen Affiliate, 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 the Komen Affiliate.

This Release shall be construed under the laws of the state in which the Komen Affiliate is located. In the event any provision of this Release is deemed unenforceable by law, (i) the Komen 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 understand that I have given up substantial rights by signing this Release, and have signed it 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's or Guardian's Signature: _____

(If volunteer is under age 18)

Date: _____

Thank you for your interest in volunteering with the Susan G. Komen for the Cure, Oregon & SW Washington Affiliate. 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: Susan G. Komen for the Cure, Oregon & SW Washington Affiliate
1500 SW 1st Ave. Suite 270 Portland, OR 97201
Or email to: lkresse@komenoregon.org
Or fax to: 503-552-9161

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