



## VOLUNTEER APPLICATION

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

Address \_\_\_\_\_

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

Day Telephone \_\_\_\_\_ Evening 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.

PLEASE BE SURE TO FILL OUT BOTH SIDES COMPLETELY

## 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

### INTERNSHIPS

- 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**

Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Volunteer: \_\_\_\_\_

I wish to volunteer for Susan G. Komen for the Cure, Oregon & SW Washington 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 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 Affiliate or the organization. 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.

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 Oregon/SW Washington 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:      Susan G. Komen for the Cure  
1400 SW 5<sup>th</sup> Ave., Suite 530, Portland, Or 97201

Or fax to:              503-552-9161

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