

Susan G. Komen for the Cure® Volunteer Interest Form

Name: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____ Birth Date: ____/____/____

Occupation (or school you attend) _____

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

Are you volunteering as part of a group? NO YES-Group Name: _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone: _____

Ongoing Committee Opportunities

- | | | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Marketing | <input type="checkbox"/> Sponsorship |
| <input type="checkbox"/> Treasury | <input type="checkbox"/> Grant Review | <input type="checkbox"/> Volunteer Development |

Pre-Race Opportunities (Responsibilities begin 1-2 Months Prior to Race Day)

- | | | |
|--|--|---|
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Team Committee | <input type="checkbox"/> Ceremony & Awards |
| <input type="checkbox"/> Paint the Town Pink | <input type="checkbox"/> Team Packing | <input type="checkbox"/> Registration |
| <input type="checkbox"/> Pledge Program | <input type="checkbox"/> Make Deliveries | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Race Entertainment | <input type="checkbox"/> Wait for Deliveries/T-Shirt P/U | <input type="checkbox"/> Late Registration/ T-shirt P/U |
| <input type="checkbox"/> Wait for Deliveries | <input type="checkbox"/> High School Challenge | <input type="checkbox"/> Entry Form Distribution |
| | <input type="checkbox"/> Team Identifier Contest | |

Day Before Race & Race Day Opportunities

- | | | |
|---|---|--|
| <input type="checkbox"/> Bag Check | <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Race Course/Traffic Control |
| <input type="checkbox"/> Komen VIP | <input type="checkbox"/> Bike Patrol | <input type="checkbox"/> Sponsor Expo Area |
| <input type="checkbox"/> Parking | <input type="checkbox"/> SurvivorPalooza & Parade | <input type="checkbox"/> Finish Line |
| <input type="checkbox"/> Post Race Clean Up | <input type="checkbox"/> Volunteers on Standby | <input type="checkbox"/> Trash & Recycling |
| <input type="checkbox"/> Merchandise Sales | <input type="checkbox"/> Komen Kid Zone | <input type="checkbox"/> Site Setup |

Other Affiliate Activities

- | | | |
|--|---|---|
| <input type="checkbox"/> Surviving with Style Show | <input type="checkbox"/> Hoops for the Cure® | <input type="checkbox"/> Pink Sunday |
| <input type="checkbox"/> Evansville Bowl for the Cure® | <input type="checkbox"/> Owensboro Bowl for the Cure® | <input type="checkbox"/> Henderson Bowl for the Cure® |

I wish to volunteer for the Evansville Tri-State Affiliate of Susan G. Komen for the Cure®. 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. (THE "FOUNDATION") 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 the Foundation. I agree to maintain the confidentiality of any information marked "confidential" as well as any information about the Komen Affiliate's or the Foundation's internal procedures, business operations, personnel information and the like that is not otherwise publicly disclosed by the Komen Affiliate or the Foundation. I will not use any confidential information in any manner that would be detrimental to the Komen Affiliate or the Foundation, and I will avoid any actions that might impair the reputation of the Komen Affiliate or the Foundation.

Print Name: _____ Signature: _____ Date: _____

Signature of Parent/Guardian if Volunteer is under 18 years of age: _____

Please return this completed form to the Evansville Tri-State Affiliate Office

Mail: 4424 Vogel Road, Suite 205, Evansville, IN 47715

Fax: (812) 962-2204

Email: info@komenevansville.org