



Volunteer Profile

Komen volunteers are our ambassadors to the world who carry the powerful message of the Organization and its work into our communities. Volunteers help strengthen existing programs, add new programs, seek funds and resources, add specialized skills and talents, and increase public awareness about breast cancer.

Please complete the following information:

Name

Address

City

State

Zip Code

Home Phone #

Work Phone #

Cell Phone #

E-mail Address

I am interested in working:

- Health Fairs, Expos and Special Events
 - Komen Speakers' Bureau
 - Komen Sacramento Affiliate Office (phones, mailing, etc.)
 - Komen Sacramento Race for the Cure
-
-

I am a Survivor

I am available:

- Weekdays Evenings Weekends
-
-

Volunteer start date (year you started to volunteer): _____

Have you attended our Volunteer Orientation presentation? Yes, when _____ No

Please answer the following questions:

What previous jobs or volunteer experiences have you enjoyed or found fulfilling?

What personal satisfaction do you wish to accomplish from a volunteer experience?

What special skills and strengths can you contribute to Komen?

We often receive requests for specific types of volunteers. If you would like to represent Komen as a survivor/speaker, please indicate how many years you have been a survivor.

If you are interested in participating at ethnically related health fairs, what is your ethnic/cultural background?

If you are bilingual, specify language(s)

Please list any additional comments you might have



Volunteer Release Form

Name

Address

City State Zip Code

Home Phone # Work Phone # Cell Phone #

Date of Birth E-mail Address

Emergency Contact Information

Name Relationship

Phone #

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

I wish to volunteer for Susan G. Komen for the Cure, Sacramento Valley (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 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 a suit against Susan G. Komen for the Cure Sacramento Valley and Susan G. Komen for the Cure (The "Organization") and any of their employees, volunteers, partners, agents, sponsors, board members and successors from 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 Susan G. Komen for the Cure, Sacramento Valley, or the Organization. I agree to maintain the confidentiality of any information marked "confidential" as well as any information about Komen Sacramento Valley Affiliate's or the Organization's internal procedures, business operations, existing or prospective donor information, proprietary business information, personnel information and the like that is not otherwise publicly disclosed by the Komen Sacramento Valley Affiliate or the Organization. I will not use any confidential information in any manner that would be detrimental to the Komen Sacramento Valley Affiliate or the Organization, and I will avoid any actions that might impair the reputation of the Komen Sacramento Valley Affiliate or the Organization.

Printed Name of Volunteer Date

Volunteer Signature

Parent/Guardian's Signature (If Volunteer is under age 18)