



Volunteer Application

Become a Komen Activist and help end breast cancer forever!

Visit our website at www.komenmilwaukee.org

Please complete form in its entirety to ensure the best possible volunteer opportunities, thank you!

| | | |
|------------|-----------------------------------------------------------|----------------------------------------------------------------------|
| CHECK ONE: | <input type="checkbox"/> MR. <input type="checkbox"/> MS. | SEX: MALE: <input type="checkbox"/> FEMALE: <input type="checkbox"/> |
| | | BIRTHDAY (NOT REQUIRED) : MONTH: _____ DATE: _____ YEAR: _____ |

| | |
|-----------------------------|--------------------------------------------------------------------|
| LAST NAME: _____ | <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE |
| PREFERRED FIRST NAME: _____ | <input type="checkbox"/> ASIAN |
| MI: _____ | <input type="checkbox"/> BLACK OR AFRICAN AMERICAN |
| | <input type="checkbox"/> HISPANIC/LATINO(A) |
| | <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER |
| | <input type="checkbox"/> WHITE OR CAUCASIAN |
| | <input type="checkbox"/> RATHER NOT SAY |
| | <input type="checkbox"/> OTHER |

ORGANIZATION / GROUP NAME: (IF APPLICABLE): _____

| | |
|---------------------------------------------------------------|---------------|
| PREFERRED ADDRESS: | LINE 1: _____ |
| WORK: <input type="checkbox"/> HOME: <input type="checkbox"/> | LINE 2: _____ |

| | | |
|----------------------------------------------|-------------|------------|
| <input type="checkbox"/> YEAR ROUND RESIDENT | CITY: _____ | ZIP: _____ |
| <input type="checkbox"/> SEASONAL RESIDENT | | |

| | | |
|------------------|-----------------------------------------------------------------------------------------------------|---------------------------|
| PREFERRED PHONE: | WORK <input type="checkbox"/> : PERSONAL <input type="checkbox"/> : CELL <input type="checkbox"/> : | PLEASE LIST NUMBER: _____ |
|------------------|-----------------------------------------------------------------------------------------------------|---------------------------|

| | | |
|---------------------------------------------------|-------------------------------------|----------------------------------|
| PREFERRED E-MAIL: WORK <input type="checkbox"/> : | PERSONAL <input type="checkbox"/> : | PLEASE LIST EMAIL ADDRESS: _____ |
|---------------------------------------------------|-------------------------------------|----------------------------------|

Check all areas that appeal to you:

| | |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> BREAST HEALTH PRESENTATION SPEAKER | <input type="checkbox"/> WRITING |
| <input type="checkbox"/> SHARING SURVIVOR STORY WITH THE PUBLIC | <input type="checkbox"/> RACE FOR THE CURE® DAY OF EVENT |
| <input type="checkbox"/> ATTENDING HEALTH FAIRS | <input type="checkbox"/> PHOTOGRAPHY |
| <input type="checkbox"/> PUBLIC POLICY | <input type="checkbox"/> FINANCE |
| <input type="checkbox"/> PUBLIC RELATIONS | <input type="checkbox"/> GRANT WRITING |
| <input type="checkbox"/> GRAPHIC DESIGN | <input type="checkbox"/> ORGANIZING COMMUNITY EVENTS FOCUSED ON BREAST HEALTH AWARENESS |
| <input type="checkbox"/> TWITTER, FACEBOOK, ETC. | <input type="checkbox"/> OTHER (PLEASE EXPLAIN) |

AVAILABILITY WEEKDAYS WEEKNIGHTS WEEKENDS

AM HOURS (8:30AM-12:00PM) **PM HOURS** (12:00PM – 5:00PM) **AFTER HOURS** (5:00PM – 10:00PM)

I AM BILINGUAL. I AM FLUENT IN THE FOLLOWING LANGUAGES: _____

I HAVE SPECIAL TRAINING: (AMERICAN SIGN LANGUAGE, GRAPHIC ART & DESIGN, PHOTOGRAPHY, ETC.) _____

SPECIAL NEEDS OR LIMITATIONS: _____

I WOULD LIKE TO RECEIVE E-MAILS ABOUT KOMEN ACTIVITIES.

BREAST CANCER SURVIVOR Yes No

Please return to:

Susan G. Komen for the Cure®
9200 W. Wisconsin Ave.
Milwaukee, WI 53226

For questions, call (414) 805-2900
information@komenmilwaukee.org
Thank you for your interest!

Please Read Carefully

I wish to volunteer for the Milwaukee Affiliate of Susan G. Komen for the Cure. (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 VOUNTEER. IN ADDITION, I HEREBY RELEASE, HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THE KOMEN AFFILIATE, SUSAN G. KOMEN THE CURE 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 Susan G. Komen for the Cure. 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.

Date: _____

Printed name of volunteer: _____

Volunteer’s Signature: _____

Emergency Contact Information:

Name: _____ Relationship _____

Phone(s): _____

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

PLEASE BE SURE TO FILL OUT BOTH SIDES COMPLETLEY. THANK YOU.