



Today's Date: _____

Please check the appropriate box: Mr. Mrs. Ms. Miss

Name _____

Street: _____ Apt/Floor/Suite: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Home Cell Work

Email: _____

By providing your email address, you agree to accept email information from the Philadelphia Affiliate of Susan G. Komen for the Cure®

Employer _____ Position _____

Please return this form via email to marlene@komenphiladelphia.org or via fax to Attention: Marlene Lally at 215-238-1419

Have you ever been convicted (including entering a plea of guilty or no contest) of any felony crimes within the past 7 years? Do not include convictions that were sealed or expunged pursuant to a court order. Yes No A "yes" is not an automatic bar to volunteer service with the Philadelphia Affiliate; the circumstances relating to the offense will be considered in relation to the volunteer position for which you are applying. If you answered "Yes", please provide the following information: the date, place of the offense and charge: _____ What other information do you believe is pertinent to our full understanding of this matter? _____

Information to Volunteer Applicants
(Read Carefully Before Signing)

You may be asked to sign an authorization for the Philadelphia Affiliate to fully investigate your suitability for volunteering (depending on the position and responsibilities) by obtaining information from your previous employers and/or other knowledgeable persons as to their firsthand experiences with you, and also, when deemed necessary, by obtaining reports from credit bureaus, credit agencies, or other consumer reporting agencies. Under some circumstances, certain of such reports may be "consumer reports" or "investigative consumer reports" as to which, under the Fair Credit Reporting Act, you are entitled, upon your request in writing, to receive a complete and accurate disclosure of the nature and scope of the investigation requested by the Philadelphia Affiliate.

Volunteer Applicant Statement
(Read Carefully Before Signing)

I certify that I completed this volunteer application and that all the answers to the questions on this volunteer application and any attachments are to the best of my knowledge true and correct and that I have not knowingly withheld any pertinent facts or circumstances all of which are subject to validation. I understand that any misrepresentation, false statement, or omission made by me with respect to the information contained in this volunteer application could disqualify me from consideration as a volunteer, or if selected as volunteer, result in the termination of my volunteer efforts from the Philadelphia Affiliate. If selected as a volunteer, I agree to comply with the rules and regulations of the Philadelphia Affiliate. I also understand that **smoking is prohibited** in all indoor areas of the Philadelphia Affiliate.

Komen Volunteer Release

I wish to volunteer for the Philadelphia Affiliate d/b/a. I understand that my consent to these provisions is given in consideration for being permitted to volunteer for the Philadelphia 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 PHILADELPHIA 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 PHILADELPHIA 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 PHILADELPHIA AFFILIATE OR KOMEN HEADQUARTERS (COLLECTIVELY, THE "RELEASEES") FOR ANY INJURY OR DAMAGES I MIGHT SUFFER IN CONNECTION WITH MY VOLUNTEER WORK WITH THE PHILADELPHIA 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 PHILADELPHIA 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 Philadelphia Affiliate, I will conduct myself in such a manner as not to reflect unfavorably on or in any way diminish the reputation of the Philadelphia Affiliate, Komen Headquarters and its affiliates.

I give my consent and permission to the Philadelphia 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 Philadelphia Affiliate.

This Release shall be construed under the laws of the state in which the Philadelphia Affiliate is located. In the event any provision of this Release is deemed unenforceable by law, (i) the Philadelphia 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.

Volunteer's Signature: _____ **Date:** _____

Parent's or Guardian's Signature: _____ *(If volunteer is under age 18)*

EMERGENCY CONTACT INFORMATION:

Name _____ **Relationship** _____

Phone _____

Thank you for your interest in volunteering with the Philadelphia Affiliate. We appreciate your offer to share your time and talents with us. We will contact you once we have received your completed application.

Volunteer Questionnaire

<input type="checkbox"/> I am a Survivor	<input type="checkbox"/> Best to reach me via: _____ Email _____ Phone	<input type="checkbox"/> I am bilingual _____ <i>Please specify language</i>
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Why do you want to volunteer for the Philadelphia Affiliate?

Have you volunteered in the past for the Philadelphia Affiliate, another Komen Affiliate or Komen Headquarters?

If so, which Affiliate and when? _____

SKILLS

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

- | | |
|----------------------|--------------------------------|
| _____ Data Entry | _____ Health Care Professional |
| _____ Excel and Word | _____ Journalism |
| _____ Event Planning | _____ Photography |
| _____ Finance | _____ Public Relations |
| _____ Fundraising | _____ Public Speaking |
| _____ Grant Writing | _____ Teaching |

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

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

Availability: Daytime _____ Evening _____ Weekend _____

I am interested in

Office Help (Please check all that apply)

- () Labeling
- () Stuffing envelopes
- () Pre-event packing
- () Post-event packing

Annual Event Help (Please check all that apply)

- () Race for the Cure – May, Mother’s Day
- () Sisters for a Cure – December, first or second Saturday
- () Latinas United for a Cure – March, first or second Saturday
- () Survivor’s Celebration – April, a Sunday

Please go to our Affiliate website for event information - www.Komenphiladelphia.org