

Return to:

Komen Columbus, 855 Grandview Ave., Ste. 250, Columbus, Ohio 43215



Volunteer Information and Release Form 2009

Name _____ E-mail _____
Street _____ City _____ State _____ Zip _____
County _____ Place of Employment _____ Date of Birth _____
Phone (Home) (____) _____ Work (____) _____ Cell (____) _____

Emergency Contact Information:

Name _____ Relationship _____ Phone _____

Please list any physical limitations or are you under any course of treatment that might limit your ability to perform certain types of work? _____

Are you a breast cancer survivor? Yes No What year did you start volunteering at Komen Columbus? _____

AREAS OF VOLUNTEER INTEREST:

1. **Year-Round Planning Committees:** Race Planning Grants Volunteer Management
 Education Public Policy Development

2. **One-Time Volunteer Opportunities:** Road Marshal Race Registration Race Day
 Information Ambassadors Office Help

I wish to volunteer for the Columbus 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 VOLUNTEER. IN ADDITION, I HEREBY RELEASE, HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THE KOMEN AFFILIATE, SUSAN G. KOMEN FOR THE CURE, INC. (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.

Printed name: _____ Volunteer's signature: _____ Date: _____

Signature of parent/guardian of volunteers who are under 18: _____