



# Volunteer Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Telephone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-mail \_\_\_\_\_ I prefer to be contacted by: \_\_\_ E-mail \_\_\_ Phone

\_\_\_ I would like to receive e-mails about Susan G. Komen for the Cure activities

Employer \_\_\_\_\_ Position \_\_\_\_\_

Have you ever been convicted (including entering a plea of guilty or nolo contendere) of any felony crimes with in 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 Central New York Affiliate; the circumstances relating to the offense will be considered in relation to the volunteer position for which you are applying.

### INSTRUCTIONS FOR ANSWERING CRIMINAL CONVICTION INQUIRY

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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you wish to be recognized as a breast cancer survivor? \_\_\_\_\_

If you speak a foreign language and are willing to share your skills, please indicate which language(s) \_\_\_\_\_

Why do you want to volunteer for the Central New York Affiliate?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you volunteered in the past for the Central New York Affiliate, another Komen Affiliate or Komen Headquarters? If so, 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

Daytime availability \_\_yes \_\_no Evening availability \_\_yes \_\_no Weekend availability \_\_yes \_\_no

I am interested in a \_\_\_\_\_ leadership position \_\_\_\_\_ support position or \_\_\_\_\_ other (please describe)\_\_\_\_\_.

***Emergency Contact:***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

**Information to Volunteer Applicants**  
(Read Carefully Before Signing)

You may be asked to sign an authorization for the Central New York 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 Central New York 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 Central New York Affiliate. If selected as a volunteer, I agree to comply with the rules and regulations of Central New York Affiliate.

I also understand that **smoking is prohibited** in all indoor areas of the Central New York Affiliate.

**Komen Volunteer Release**

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

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

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

**Printed Name of Volunteer:**

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**Volunteer's Signature:**

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**Parent's or Guardian's Signature:**

*(If volunteer is under age 18)*

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**Date:**

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

**Please return to:** Central New York Affiliate, 5008 Brittonfield Parkway, Suite 300, East Syracuse, NY 13057 **Or email to:** [info@komencny.org](mailto:info@komencny.org), or **fax** to 315-472-4288.