



*Volunteer Form 2011-2012*

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE (day): \_\_\_\_\_ PHONE (evening): \_\_\_\_\_

EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

OTHER SKILLS OR TRAINING: \_\_\_\_\_

AGE: \_\_\_\_\_ ARE YOU A BREAST CANCER SURVIVOR? \_\_\_\_\_

I wish to volunteer for the NC Foothills Affiliate of the Susan G. Komen Breast Cancer Foundation. I understand that the nature of volunteer activities that may be performed during a Komen event may involve physical activity, contact with unidentified and/or unfamiliar persons, or other potential risk of personal injury. Knowing this, 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 Komen NC Foothills Affiliate, The Susan G. Komen Breast Cancer Foundation, and any of their employees, volunteers, partners, 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 NC Foothills Affiliate or its volunteers. I agree to maintain confidentiality of any information marked "confidential" and personal information regarding volunteers.

**Form must be signed by the volunteer or if volunteer is under 18 years of age, a parent/legal guardian must sign.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

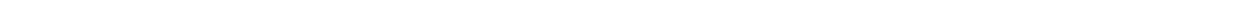
**EMERGENCY CONTACT INFORMATION**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE(S): \_\_\_\_\_

Do you have any health issues or physical disabilities that we should be aware? \_\_\_\_\_

(PLEASE COMPLETE BACK)



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

## Volunteer for a Day

### Race for the Cure® October 15, 2011 Lenoir-Rhyne College

I am willing to help with the Race for the Cure® on October 15, 2011 (may select more than one: please indicate preference order)

**Pre-Race Volunteer Needs:**

- |  |  |
|--|--|
| <input type="checkbox"/> Sponsorship                               | <input type="checkbox"/> Marketing/Public Relations          |
| <input type="checkbox"/> Neighborhood Liaison                      | <input type="checkbox"/> Entry Form Distribution - Early Aug |
| <input type="checkbox"/> Data Entry                                | <input type="checkbox"/> Team Registration (Date TBA)        |
| <input type="checkbox"/> Race Registration (Fri. 10/14 from 3-7pm) | <input type="checkbox"/> Set-up (Fri. 10/14 from 12-3 pm)    |

**Race Day Volunteer Needs:**

- |  |   |
|--|---|
| <input type="checkbox"/> Set-Up                                    | <input type="checkbox"/> Distribution of "give-aways" |
| <input type="checkbox"/> Volunteer Check-In                        | <input type="checkbox"/> Survivor Events              |
| <input type="checkbox"/> Friends for the Cure (prize distribution) | <input type="checkbox"/> Information Booth            |
| <input type="checkbox"/> Race Route                                | <input type="checkbox"/> Registration                 |
| <input type="checkbox"/> Water Stop                                | <input type="checkbox"/> Food                         |
| <input type="checkbox"/> Finish Line                               | <input type="checkbox"/> Clean-Up                     |
| <input type="checkbox"/> End-of-Race Accounting & Final Race Tally |   |

I am also interested in helping with other special events (may select more than one: please indicate preference order)

- |  |  |
|--|--|
| <input type="checkbox"/> Volunteer Recruitment | <input type="checkbox"/> Scouting for a Cure     |
| <input type="checkbox"/> Komen on the Go       | <input type="checkbox"/> Passionately Pink       |
| <input type="checkbox"/> Survivors' Luncheon   | <input type="checkbox"/> Speakers' Bureau        |
| <input type="checkbox"/> Educational Events    | <input type="checkbox"/> Special Sporting Events |

## Volunteer to Stay

I am willing to serve on the following committee(s): (may select more than one: please indicate preference order; see handout for more information)

- |   |   |
|---|---|
| <input type="checkbox"/> Race             | <input type="checkbox"/> Public Relations & Marketing |
| <input type="checkbox"/> Volunteer        | <input type="checkbox"/> Education                    |
| <input type="checkbox"/> Special Events   | <input type="checkbox"/> Finance                      |
| <input type="checkbox"/> Team Recruitment | <input type="checkbox"/> Minority Outreach            |
| <input type="checkbox"/> Sponsorship      | <input type="checkbox"/> Survivors' Event             |
| <input type="checkbox"/> Grants           |   |

**Mail or Fax this Volunteer Information Sheet to:**

Brenda Putnam, Volunteer Committee Chair  
CVMC's The Health First Center  
1960 Hwy 70 SE, Suite 196  
Hickory, NC 28602  
**Fax: 828-485-2304**

For More Information: 828-326-2176