



Susan G. Komen for the Cure® Volunteer Interest Form

___ East Texas(Tyler Area)

___ Central Texas (Waco Area)

Please select your preferred area to volunteer

Name: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Mobile Phone: _____ Evening Phone: _____ Birth Date: _____

Occupation (or school you attend) _____

Are you volunteering as part of a group? NO YES-Group Name: _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone: _____

Ongoing Committee Opportunities

- | | | |
|--|---|--|
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Marketing/Social Media | <input type="checkbox"/> Revenue Development |
| <input type="checkbox"/> Education (Health Fair) | <input type="checkbox"/> Grant Review | <input type="checkbox"/> Volunteer Development |

Pre-Race Opportunities (Responsibilities begin 1-2 Months Prior to Race Day)

- | | | |
|--|--|--|
| <input type="checkbox"/> Media | <input type="checkbox"/> Team Committee | <input type="checkbox"/> Ceremony & Awards |
| <input type="checkbox"/> Paint the Town Pink | ___ Team Packing | <input type="checkbox"/> Registration |
| <input type="checkbox"/> Office Volunteer | ___ Make Deliveries | ___ Data Entry/Package Pick-up |
| <input type="checkbox"/> Race General Volunteer | ___ Team Packet Pick-Up | ___ Pre-Race Registration |
| <input type="checkbox"/> Sponsorship Development | ___ High School Challenge | ___ Race Day Registration |
| | ___ Team T-Shirt Contest | |

Day Before Race & Race Day Opportunities

- | | | |
|--|--|--|
| <input type="checkbox"/> Bag Check (UPS Truck) | <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Race Course/Traffic Control |
| <input type="checkbox"/> VIP Tent | <input type="checkbox"/> Water Stations | <input type="checkbox"/> I AM KOMEN |
| <input type="checkbox"/> Parking | <input type="checkbox"/> Survivor Celebration | <input type="checkbox"/> Cheer Volunteer |
| <input type="checkbox"/> Post Race Clean Up | <input type="checkbox"/> First Aid/Information | <input type="checkbox"/> Trash & Recycling |
| <input type="checkbox"/> Merchandise Sales | <input type="checkbox"/> Komen Kid Zone | <input type="checkbox"/> Expo Area Setup |

Other Affiliate Activities

- | | | |
|--|--|--|
| <input type="checkbox"/> Ride for the Cure (East Tx. Only) | <input type="checkbox"/> Cleats for the Cure (East Tx. Only) | <input type="checkbox"/> Bowl for the Cure (Either Location) |
|--|--|--|

I wish to volunteer for the East Central Texas Affiliate of Susan G. Komen for the Cure®. 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. (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.

Print Name: _____ Signature: _____ Date: _____

Signature of Parent/Guardian if Volunteer is under 18 years of age: _____

Please return this completed form to the East Central Texas Affiliate Office

Mail: P.O. Box6217 Tyler, TX. 75711

Fax: (903) 561-6993

Email: info@komentyler.org