



Los Angeles County Komen Affiliate

11845 W. Olympic Blvd, Ste 665W
 Los Angeles, CA 90064
 Telephone: (310) 575-3011
 Fax: (310) 477-7042

E-mail: info@komenlacounty.org
 Race E-mail: race@komenlacounty.org
 Web site: www.komenlacounty.org

**The Los Angeles County Affiliate of Susan G. Komen for the Cure®
 Volunteer Application**

Name: _____ Gender: F M Date: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ E-mail address: _____

(Optional) Age: 16-20 21-34 35-49 50-65 65+ Ethnicity: _____

I am a breast cancer survivor (___ year(s)) and would like to be included in survivor events: Y N

What aspect, if any, of Komen most motivates you to want to volunteer?

What do you hope to gain from your volunteer experience with the Komen Los Angeles County Affiliate?

I. Preference in Volunteering: Please check all opportunities in which you may have an interest:

- | | |
|---|---|
| <input type="checkbox"/> Committee Member | <input type="checkbox"/> Speaker's Bureau |
| <input type="checkbox"/> Grants Committee | <input type="checkbox"/> Survivor Testimonial |
| <input type="checkbox"/> Volunteers Committee | <input type="checkbox"/> Breast Health 101 |
| <input type="checkbox"/> Public Policy Committee | <input type="checkbox"/> Introduction to Susan G. Komen |
| <input type="checkbox"/> Young Women's Committee | <input type="checkbox"/> Komen's Presence in LA County |
| <input type="checkbox"/> Race for the Cure® Committee | <input type="checkbox"/> Race for the Cure® |
| <input type="checkbox"/> Worship in Pink Committee | <input type="checkbox"/> Pre-Race Opportunities |
| <input type="checkbox"/> Community Profile Committee | <input type="checkbox"/> Race Day Opportunities |
| <input type="checkbox"/> Community Outreach Advocate | <input type="checkbox"/> Post-Race Opportunities |
| <input type="checkbox"/> Health Fair's | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Conferences | <input type="checkbox"/> Fundraising Events |
| <input type="checkbox"/> Office and Clerical Support | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Komen Outreach Center in the Baldwin Hills Crenshaw Plaza Mall | <input type="checkbox"/> Graphic Design |
| | <input type="checkbox"/> Photographer/Videographer |
| | <input type="checkbox"/> Other: _____ |

II. Skills and Interests:

- Current Occupation: _____
- Education: _____
- Hobbies, interests: _____
- Do you speak another language? If so, which one(s)? _____

**Breast cancer knows no boundary, be it age, gender, socio-economic status or geographic location.
 Be aware. Take action.**

- e. Do you have any previous volunteer experience? _____
- f. Please list any special skills or experience (public speaking, fundraising, media, writing, communications, event planning, nonprofit board experience, leadership, etc.):

- g. What computer skills do you have knowledge of? _____

Community Connections: Corporate Finance Legal Media Accounting
Communities of Faith Public Policy Philanthropy Small Business Education
Health Care Human Resources Fundraising Social Services Technology

- h. Would you be interested in chairing a committee or an event? _____

Availability: Weekdays (8am-5pm) Evenings (5pm-9pm) Weekends

Do you have access to a car for volunteer activities? Y N

Volunteer Release Form

Emergency Contact Information: Name: _____

Relationship: _____ **Phone:** _____

I wish to volunteer for the Los Angeles County Affiliate of the 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 ("KOMEN") 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 Komen. I agree to maintain the confidentiality of any information marked "confidential" as well as any information about the Komen Affiliate's or Komen's internal procedures, business operations, personnel information and the like that is not otherwise public disclosed by the Komen Affiliate or Komen. I will not use any confidential information in any manner that would be detrimental to the Komen Affiliate or Komen, and I will avoid any actions that might impair the reputation of the Komen Affiliate or Komen.

Printed name of volunteer: _____

Volunteer's Signature: _____ Date: _____

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

Please **E-MAIL** Application/Release Form to:
Los Angeles County Affiliate of Susan G. Komen for the Cure®
11845 W. Olympic Blvd. Suite 645W, Los Angeles, CA 90064 - Tel: (310) 575-3011; Fax: (310) 477-7042;
Email: info@komenlacounty.org cc: asinger@komenlacounty.org

The Running Ribbon is a registered trademark of Susan G. Komen for the Cure®.
 of Susan G. Komen for the Cure®.

**Breast cancer knows no boundary, be it age, gender, socio-economic status or geographic location.
 Be aware. Take action.**