

Volunteer Application



Inland Empire Affiliate
 43397 Business Park Dr. D-9
 Temecula, CA 92590
 951-676-PINK (7465)

Personal Information:

Name _____			()
Address _____			Home phone _____
City _____ State _____ zip _____			()
Email _____			Cell phone _____
Occupation _____			()
			Work phone _____
			Birth Date (month/ day) _____

Volunteer Options:

General Support <input type="checkbox"/>	Marketing <input type="checkbox"/>	Special Events <input type="checkbox"/>	Education/ Outreach <input type="checkbox"/>
Word/ Excel <input type="checkbox"/>	Fundraising <input type="checkbox"/>	Exhibit/ Fairs <input type="checkbox"/>	Speakers Bureau <input type="checkbox"/>
Mailings <input type="checkbox"/>	Newsletter <input type="checkbox"/>	Web Research <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Phone calls <input type="checkbox"/>	Web Design <input type="checkbox"/>	Event planning <input type="checkbox"/>	

Other (please specify): _____

Placement Preference:

I can volunteer: (Please check all that apply)

Once a week More than once a week As needed Other

↳ Please enter times available below (example 9am-1pm) or enter "ANY" if you have no restrictions

Time/Day	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun
Morning							
Afternoon							
Evening							

Continued...

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Matching Information:

General interests, skills, volunteer experience, languages, and hobbies: (please attach a separate sheet if more space is needed)

Distance you are willing to travel: _____ Miles

Have you ever been convicted of a felony? No Yes

If yes, please explain: _____

Do you have any physical conditions that may limit your volunteer activities? No Yes

If yes, please explain: _____

Emergency Contacts:

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Name Phone Relation

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Name Phone Relation

References: *Optional*

Please list two persons we may contact who are not family members. You may include employers, teachers, religious leaders, or others whose relationship to you is more than a personal friend.

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Name Phone Relation

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Name Phone Relation

Are you or a member of your family a breast cancer survivor? No Yes

Signature

I wish to volunteer for the Inland Empire Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc., DBA Inland Empire 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 INLAND EMPIRE AFFILIATE OF SUSAN G. KOMEN FOR THE CURE.**

Signature of Applicant

Date