



## Volunteer Application

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sex –  M  F    Shirt Size –  S  M  L  XL  XXL

### Areas of Interest

- |  |   |
|--|---|
| <input type="checkbox"/> Komen Atlanta Race for the Cure           | <input type="checkbox"/> Affiliate Administration – Office Projects |
| <input type="checkbox"/> Special Events                            | <input type="checkbox"/> Tennis for the Cure                        |
| <input type="checkbox"/> Education and Community Outreach Programs | <input type="checkbox"/> Survivor Events                            |

Comments:

#### RELEASE FORM – SIGNATURE REQUIRED

I assume all risks associated with my participation as a volunteer for the event(s) I have indicated on this form including but not limited to injuries, contact with other participants including registered participants and other volunteers, all such risks are known and appreciated to me. Having read this waiver I, for myself and anyone entitled to act on my behalf, waive and release Susan G. Komen for the Cure Greater Atlanta Affiliate, its employees and volunteers, all city and county governments and all sponsors, their representative and successors from all claims or liabilities of any kind arising out of my participation in the (these) event(s). I grant permission to all of the foregoing to use any photographs, motion pictures, recording or any other record of the (these) events(s) for any legitimate purpose.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature (if volunteer is under 18) \_\_\_\_\_

Susan G. Komen for the Cure  
Greater Atlanta Affiliate  
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Breast cancer knows no boundaries be it age, gender, socio-economic status or geographic location.

**Be Aware. Take Action.**