

Komen Volunteer Information Form

Place of Employment		Title:	
Work address:			
City	State	Zip	
If not working, prior career field:			
In Case of Emergency:			
Name:		Relationship:	
Address:			
Phone:			
Previous Volunteer Experience:			
Have you had previous volunteer experiences <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, name of organization:			
Dates:			
Use this space to tell us more about your volunteer experience/special skills and interests:			
Do you have a personal connection to breast cancer (Please explain)?			
This information is used only to determine diversity of Susan G. Komen for the Cure volunteers. <i>Completion is optional:</i>			
<ul style="list-style-type: none"> • Please check one: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other • Languages spoken other than English: _____ • Is it necessary to limit your physical activity? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are you able to lift 30 pounds? <input type="checkbox"/> Yes <input type="checkbox"/> No 			

I confirm that I have completed the Komen CNY Volunteer Application truthfully.

Signature: _____

Date: _____

Applicant or Parent/Guardian Signature for Applicants under 18 years of age.