

# VOLUNTEER FORM

## BE A VOLUNTEER & HELP SAVE LIVES.

The Susan G. Komen Breast Cancer Foundation was established in 1982 by Nancy Brinker to honor the memory of her sister Susan. Susan G. Komen died from breast cancer at the age of 36.

The Greater Atlanta Affiliate of the Komen Foundation was founded in 1991. In 1992, the Greater Atlanta Affiliate led the coalition for the passage of Georgia House Bill 538, which mandated insurance companies to cover costs for mammography screening. Today the Atlanta Affiliate implements outreach programs throughout the metropolitan area. In 2003, the Atlanta Affiliate granted over \$1 million locally for breast cancer education, screening and treatment.

You too can join the The Greater Atlanta Affiliate of the Komen Foundation in it's fight against Breast Cancer by filling out this volunteer form.



First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Of the following events, please indicate which you would like to participate in as a volunteer:

- Komen Atlanta Race for the Cure®
- Komen Atlanta Pink Tie Ball®
- Survivor Tea
- Office Projects (during the week)
- Other Events (evenings and weekends)

Please return this form to: Komen Atlanta Race for the Cure®  
6075 Roswell Road, Suite 630, Atlanta, Georgia 30328  
or fax us at 404-459-8781

RELEASE FORM (REQUIRED): I assume all risks associated with my participation as a volunteer for the event(s). 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 by me. Having read this waiver I, for myself and anyone entitled to act on my behalf, waive and release The Susan G. Komen Foundation – Greater Atlanta Affiliate, its employees and volunteers, all city and county governments and all sponsors, their representatives 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, recordings or any other record of the (these) event(s) for any legitimate purpose. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for a legitimate purpose.

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

Parent's Signature: \_\_\_\_\_  
(If under 18, in addition to child's signature)