



Susan G. Komen for the Cure 2017 Volunteer Release & Participation Form
please, print clearly, both pages must be returned

Mail to: Sarah Bruno-Robichaud, 1009 Laural Lane, Ballston Spa, NY 12020

Name: _____

I am: _____ 18 or older _____ under 18

Street: _____

City: _____ State: _____ Zip _____

Email: _____ Phone: (day) _____ (evening) _____

Emergency Contact Information (must be provided)

Name: _____ Relationship: _____ Phone: _____

Are you a breast cancer survivor? Yes _____ No _____

Do you have any health issues or physical limitations that we should be aware of? ***Most volunteer opportunities, for the Race for the Cure, involve standing and moving and could involve some lifting. There are very few volunteer opportunities that involve sitting! ***

I wish to volunteer for Susan G. Komen for the Cure, Northeastern NY 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 or unfamiliar persons, or other potential risk of bodily injury or damage to property. Knowing this, I hereby assume full and complete responsibility for any personal injury and/or property damage that I may sustain or cause during my participation as a volunteer. In addition, I hereby release, hold harmless & covenant not to file suit against the Komen Northeastern NY Affiliate, Susan G. Komen for the Cure, Inc. and 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 Northeastern NY Komen Affiliate or Susan G. Komen for the Cure. I agree to maintain the confidentiality of any information marked "confidential" as well as any information about the Komen Affiliate's or Susan G. Komen for the Cure's internal procedures, business operations, personnel information and the like that is not otherwise publicly disclosed by the Northeastern NY Komen Affiliate or Susan G. Komen for the Cure. I will not use any confidential information in any manner that would be detrimental to the Northeastern NY Komen Affiliate or Susan G. Komen for the Cure, and I will avoid any actions that might impair the reputation of the Northeastern NY Komen Affiliate or Susan G. Komen for the Cure.

Printed name of volunteer: _____

Volunteer's signature: _____ Date: _____

Parent's or guardian's signature: _____ Date: _____

(Must be signed by parent/guardian if volunteer is under age 18)

Name: _____

Phone: day: _____ eve: _____ e-mail: _____

Directions: Please select your choices of volunteer opportunities by placing a checkmark on the appropriate lines- you can indicate preference by using 1st, 2nd, etc. in place of checkmarks. Also, please circle your choice of shifts if you are volunteering for Chip Packet Assembly or pre-race Registration/Package Pick up. If you are able to volunteer for more than one opportunity, we would greatly appreciate your extra effort. Remember, **almost all volunteers are standing, moving, and sometimes lifting.**

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Pre-Race Opportunities

- Data Entry / Computer PR - Ongoing (most intense two weeks prior to the race)
- Team Box Assembly @ Empire State Plaza
Monday, September 26, 6 pm – 9 pm (pizza supplied)
- Help Move Supplies from Albany Super Storage (load truck) at 5pm, Wednesday, September 28
- To the Empire State Plaza (unload truck) Wednesday, September 28 – 6:30 pm Evening
- Registration/Package Pick-up @ Empire State Plaza on Thursday, October 5 **circle shift**
10:30 am – 1 pm, 1 pm – 3 pm, 3 pm – 5 pm, 5 pm – 7 pm
- Registration/Package Pick-up @ Empire State Plaza on Friday, October 6 **circle shift**
10:30 am – 1 pm, 1 pm – 3 pm, 3 pm – 5 pm, 5 pm – 7 pm

Race Day Opportunities-10-7-17

- | | |
|--|--|
| <input type="checkbox"/> Set Up (arrival 6 am) | <input type="checkbox"/> Walk/Course Marshall (arrival 8 am) |
| <input type="checkbox"/> Volunteer Check-In Table (arrival 6:45 am) | <input type="checkbox"/> Finish Line (arrival 8 am) |
| <input type="checkbox"/> Race Day Registration/T-shirts (arrival 7 am) | <input type="checkbox"/> Water Station Finish Line/Park (arrival 8 am) |
| <input type="checkbox"/> Merchandise Table (arrival 7 am) | <input type="checkbox"/> Food & Beverage Tent (arrival 7 or 9 am) |
| <input type="checkbox"/> Donations Table (arrival 7:30 am) | <input type="checkbox"/> I Am Komen (arrival 7 am) |
| <input type="checkbox"/> Information Table (arrival 6:45 am) | <input type="checkbox"/> Survivor Tent (arrival 7 am) |
| <input type="checkbox"/> Raffle Table (arrival at 7:00 am) | <input type="checkbox"/> ESP Pack Up/Clean Up (arrival 12:00 pm) |
| <input type="checkbox"/> Sponsor Expo Area (arrival 7 am) | <input type="checkbox"/> Return Supplies to Office* (10/8 @ 10:00) |
| <input type="checkbox"/> Team Tent Setup (6:30am) | |

I am interested in volunteering on a year around basis at health fairs or special events

I am interested in the possibility of joining the Race Planning Committee next year

Comments: This is where you let us know if you are volunteering with a friend or as part of a group or have a strong preference for a particular shift or time slot.

*Komen office is located at 501 New Karner Rd. in Colonie, Suite 2B (on the first-floor rear) phone: 250-5379