



Where the end of breast cancer begins.™

1091 South Cimarron Road, Suite A4 | Las Vegas, NV 89145  
1350 Freeport Blvd, Suite #101 | Sparks, NV 89431  
T 702-822-2324 T 775-355-7311 F 702-877-2455  
[www.kommenevada.org](http://www.kommenevada.org) 1-877-GO-KOMEN

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## Komen Volunteer Release Form

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

### Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

Street: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

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

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### Emergency Contact Information

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

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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### Background

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_

Have you ever been charged with any crime involving a child? Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_

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### General Information

Are you a breast cancer survivor? Yes \_\_\_ No \_\_\_

Are you interested in learning more about becoming a year-round volunteer for Susan G. Komen of Nevada? Yes \_\_\_ No \_\_\_



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To ensure you, our staff, and the community are safe, we are asking these questions of you:

1. Have you traveled outside of the United States in the last 14 days, including a cruise to any destination?
2. Have you experienced any respiratory symptoms such as congestion, cough, sore throat, or fever in the last 72 hours?
3. Have you had any contact with someone who has recently tested positive for novel coronavirus or is under investigation for novel coronavirus (COVID-19)?

If you answered yes to any of these questions, we ask that you refrain from volunteering for at least 14 days. If you develop symptoms within that timeframe, please consult your health care provider.

If you have traveled internationally or been on a cruise and begin to experience respiratory or flu-like symptoms, or if you think you may have COVID-19, please contact the county health department and consult a health care provider as soon as possible. Call ahead and tell them before you visit that you think you might have COVID-19 so they can take precautions to prevent exposing others.

According to the Centers for Disease Control and Prevention (CDC), some people are at higher risk of getting extremely sick from this illness, including:

- Older adults
- People who have serious chronic medical conditions like: Heart disease, Diabetes, or Lung disease

If you are at higher risk for serious illness from COVID-19 because of your age or a serious long-term health condition, you must be extra vigilant in taking action to reduce your risk of getting sick with the disease.

Komen Nevada is following every procedure and guideline from the Centers for Disease Control and Prevention to keep our staff, volunteers, and the community safe. You can visit <http://sgk.mn/2ZDe8Wu> which is updated regularly and provides additional information and resources about COVID-19.



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**Release Form:**

I wish to volunteer for the Nevada Affiliate of Susan G. Komen (“Komen Nevada”). 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, property damage, and/or exposure to Novel coronavirus 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 Komen Nevada, Susan G. Komen for the cure (Komen) and any 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 Komen Nevada or Komen. I agree to maintain the confidentiality of any information marked “confidential” as well as any information about Komen Nevada or Komen’s internal procedures, business operations, personnel information and the like that is not otherwise publicly disclosed by the Komen Nevada or Komen. I will not use any confidential information in any manner that would be detrimental to Komen Nevada or Komen, and I will avoid any actions that might impair the reputation of Komen Nevada or Komen.

**Photographic Release:**

I give my full consent and permission to Susan G. Komen for the Cure, its local affiliates and races, their sponsors and corporate sponsors, their successors, licensees, and assigns the irrevocable right to use, for any purpose whatsoever and without compensation, any photographs, videotapes, audiotapes, or other recordings of me that are made during the course of any event.

**Covid-19:**

I attest that to the best of my knowledge, I have not been exposed, tested positive, been in contact with anyone who has tested positive, or currently have symptoms of Novel coronavirus. I will take precautions set forth by the CDC which include, frequent handwashing, gloves, and masks while volunteering for Komen Nevada.

We appreciate you and your dedication to serving our community as a Komen Nevada volunteer.

Printed Name of Volunteer:

\_\_\_\_\_

Volunteer’s Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

(If volunteer is under the age of 18)