



Volunteer Application

Contact Information

Name	
Street Address	
City / Postal Code	
Home Phone	
Work Phone/cell	
E-Mail Address	

Availability

Days/Times available to volunteer?

___ Prior to event Availability:

___ Event day Availability:

Interests

Volunteer opportunities that interest you (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Gala set up/clean up | <input type="checkbox"/> Raffle ticket sales |
| <input type="checkbox"/> Sponsorship solicitation | <input type="checkbox"/> Greeter/Reception |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Community Events |
| <input type="checkbox"/> Pick Up & Deliveries | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Silent Auction | |
| <input type="checkbox"/> Other (please specify) | |

Special Skills or Qualifications

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Emergency contact (including evening of event)

Name	
Street Address	
City /Postal Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statement, omission, or other misrepresentation made by me on this application may result in my immediate dismissal.

I grant permission to the Braz for the Cause group to photograph and videotape me in the course of my participation in the Braz for the Cause -Fling 'em for Breast Cancer gala, and to use my name and any photographs and videotapes of me for the London Health Sciences Foundation purposes in any media and territory in perpetuity.

I waive and release any and all claims for myself, my heirs executors and administrators against the Braz for the Cause, LHSF, its agents, employees and licensees and any sponsors, officials, volunteers and organizers of the Braz for the Cause event in conjunction with any injury, illness or death or loss or damage to property, which may directly result from my participation in this event, and any claim arising in connection with the use of my name or any photographs or videotapes of me.

I acknowledge I will not receive any financial remuneration for any of the above and that my compensation is the opportunity to contribute to the activities of Braz for the Cause.

I have read and fully understand and agree with the contents of this Agreement, prior to participating in any Braz for the Cause event.

Name (printed)	
Signature	
Parent/Guardian if under 18 yrs	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.