



## VOLUNTEER APPLICATION FORM

Thank you for your interest in helping the JD Breast Cancer Foundation! Please print your information clearly.  
Return application to: JD Breast Cancer Foundation, 75 Public Square, Suite 920, Cleveland, OH 44113  
or fax it to 216-916-4666

DATE	FIRST NAME	LAST NAME		
STREET ADDRESS		CITY	STATE	ZIP
HOME PHONE	WORK PHONE	CELL PHONE		EMAIL ADDRESS
Check all that apply: <input type="checkbox"/> Student <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Other:				
EMPLOYER		EMPLOYER'S LOCATION (CITY)		POSITION OR TITLE
INDICATE YOUR SPECIAL SKILLS				
<hr/> <hr/> <hr/>				
What time(s) are you available? <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Short Notice				
How did you hear about the JD Breast Cancer Foundation? <input type="checkbox"/> TV <input type="checkbox"/> Newspaper Article <input type="checkbox"/> Website <input type="checkbox"/> Other:				
Check all areas which interest you: <input type="checkbox"/> Mailing/Office support <input type="checkbox"/> Golf Outing <input type="checkbox"/> Health Fairs <input type="checkbox"/> Special Events <input type="checkbox"/> Community Outreach <input type="checkbox"/> Fundraising <input type="checkbox"/> Working directly with recipients <input type="checkbox"/> Other:				
EMERGENCY CONTACT NAME		PHONE NUMBER		RELATIONSHIP

### VOLUNTEER AGREEMENT

*I understand that as a volunteer for the JD Breast Cancer Foundation I am representing a non-profit organization. I hereby forever release, discharge and agree to hold harmless and indemnify the JD Breast Cancer Foundation, its board of directors, officers, members and agents from all claims, demands, actions, causes of action or liability of any kind whatsoever arising as a result of my performance of volunteer work for the JD Breast Cancer Foundation.*

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