



# MY SISTER MY FRIEND BREAST CANCER SUPPORT VOLUNTEER SIGN-UP FORM & WAIVER

Thank you for your interest in volunteering with our organization! Please take a few moments to provide us with the following information. Your responses will help us match you with appropriate volunteer opportunities and ensure that we can make the most of your valuable skills and time.

## 1. Personal Information:

Full Name:
Date of Birth:
Gender:
Address:
City:
State/Province:
ZIP/Postal Code:
Country:
Phone Number:
Email Address:

2. Availability: \_\_\_\_\_ Days of the Week Available: \_\_\_\_\_

\_\_\_\_\_

Preferred Time of Day: \_\_\_\_\_

Total Number of Hours Available per Week/Month: \_\_\_\_\_

## 3. Volunteer Interests:

Please indicate your areas of interest by checking the relevant topic(s) below:

\_\_\_\_\_ Breast cancer awareness and education          \_\_\_\_\_ social media and marketing

**\* Please complete and email this entire form to: [info@mysistermyfriendbcs.net](mailto:info@mysistermyfriendbcs.net)**



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- \_\_\_\_\_ Fundraising and event planning                      \_\_\_\_\_ Assisting Support Groups
- \_\_\_\_\_ Administrative tasks and office support                      \_\_\_\_\_ Community outreach
- \_\_\_\_\_ Public Speaking                      \_\_\_\_\_ Other (please specify):

#### 4. Skills and Experience:

Briefly describe any relevant skills, qualifications, or experience you have that could be valuable to our organization: \_\_\_\_\_

#### 5. Previous Volunteer Experience: \_\_\_\_\_

Have you volunteered before? If yes, please provide details about your previous volunteer work:

#### 6. References:

Please provide the names and contact information (phone/email) of one or two references who can speak to your character or work ethic:

#### 7. Preferred Method of Contact: How would you prefer to be contacted for volunteer opportunities or updates? (Email/Phone/Both) \_\_\_\_\_

#### 8. Additional Information: Motivation: What motivates you to get involved in volunteer work or community service? What else would like us to know about you or any specific questions you have?

By submitting this volunteer sign-up form, I confirm that the information provided is accurate and complete to the best of my knowledge.

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

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

## Waiver

I, [\_\_\_\_\_], hereby agree to the terms and conditions outlined in this Volunteer Waiver. I understand and acknowledge that my participation as a volunteer for My Sister My Friend Breast Cancer Support organization is entirely voluntary and that I am not an employee or agent of the organizing entity. In consideration of being allowed to volunteer, I hereby release, discharge, and hold harmless the organizing entity, its directors, officers, employees, volunteers, and agents from any and all claims, demands, actions, or causes of action, whether in law or in equity, arising out of or related to any loss, damage, injury, or harm that may be sustained by me during my participation in any and all events or associated voluntary tasks.

**Use of Likeness:** I grant permission to the organizing entity and its authorized representatives to take photographs, video recordings, or any other form of media capturing my likeness during my volunteer activities or tasks I am a party to. I understand that these photographs or recordings may be used for promotional purposes, including but not limited to publications, social media, websites, or other media outlets. I release all claims against the organizing entity, its directors, officers, employees, volunteers, and agents regarding the use of such photographs or recordings.

**Confidentiality:** I agree to maintain the confidentiality of any proprietary, confidential, or sensitive information that I may come across during my volunteer activities and to not disclose such information to any third parties without prior written consent from the organizing entity.

**Governing Law:** This Volunteer Waiver shall be governed by and construed in accordance with the laws of the State of California, without regard to its conflict of laws principles.

I have carefully read and understood this Volunteer Waiver and voluntarily signed it as my own free act and deed.

Print Full Name: \_\_\_\_\_

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

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

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