



Kentucky CancerLink
Post Office Box 25088, Lexington, KY 40524
859-309-1700 or 877-597-4655
Fax: 859-368-8418 or email tdaviskcl@gmail.com
www.kycancerlink.org

Kentucky CancerLink Volunteer/Intern Application & Release Form

Thank you for your interest in volunteering your time and expertise with the Kentucky CancerLink. Please complete the form below and indicate your area(s) of interest and mail, email or fax to us. A Kentucky CancerLink representative will contact you about upcoming volunteer or intern opportunities as they arise.

Name _____ Home Phone () _____
Street _____ Work Phone () _____
City _____ State _____ Zip _____ Cell Phone () _____
Email _____

Emergency Contact Information:

Name _____ Relationship: _____ Phone: () _____

I would like to volunteer for: [] Health Fairs [] KY Pink Connection Office
[] Special Events/Fundraising [] Other (please explain) _____

I am interested in: [] A Leadership Role [] A Supportive Role

I am available: [] Weekdays [] Evenings [] Weekends [] Specific Day _____

I would like to be recognized as a Breast Cancer Survivor: [] Yes [] No

I can bring a laptop to the office: [] Yes [] No

Computer/software knowledge: _____

Volunteer limitations: _____

I am bilingual (specify languages): _____ Other special skills, such as grant writing, graphics design, web design, marketing etc. _____

Previous involvement with Kentucky CancerLink: _____

Anything else you would like us to know: _____

Waiver: I wish to volunteer/intern for Kentucky CancerLink. I understand that the nature of volunteer or intern activities that I may perform in my capacity as a volunteer or intern 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 and/or property damage 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 the Kentucky CancerLink 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 the Kentucky CancerLink. I agree to maintain the confidentiality of any information marked "confidential" as well as any information about the Kentucky CancerLink's internal procedures, business operations, personnel information and the like that is not otherwise publicly disclosed by the Kentucky CancerLink. I will not use any confidential information in any manner that would be detrimental to the Kentucky CancerLink, and I will avoid any actions that might impair the reputation of the Kentucky CancerLink.

Printed name of volunteer/intern: _____

Volunteer's/Intern's signature: _____ Date: _____

Parent's or Guardian's signature: (if volunteer is under age 18): _____