

OVARIAN CANCER RESEARCH FOUNDATION
COMMUNITY FUNDRAISING EXPRESSION OF INTEREST FORM

Fundraiser/Event Manager

| | | |
|--------|-------------|----------|
| Title: | First Name: | Surname: |
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| Name of organisation/business (if applicable): | |
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|-------------|---------|-----------|
| Address: | | |
| Suburb: | State: | Postcode: |
| Phone (BH): | Mobile: | |
| Email: | | |

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| How did you hear about the OCRF? |
| Why did you choose the OCRF as the beneficiary of your fundraiser? |
| Have you previously raised funds for the OCRF or another beneficiary, and if so, please provide some brief details. |
| Please provide details of any others involved in organising the fundraiser/event: |

Fundraiser/Event Details

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|---------------------------------------|-----------|
| Name of fundraiser/event: | |
| Start date: | End date: |
| Start Time: | End Time: |
| Address/venue of fundraiser or event: | |

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| How many people do you expect to attend the fundraiser/event? | |
| How are you planning on raising funds for the OCRF? <i>(List proposed activities and how you plan to raise funds for the OCRF)</i> | |

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|---|--|
| Will another charity group benefit from the fundraiser/event? If yes, please provide brief details of the charity group. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| How do you intend to promote your fundraiser/event? (Eg via posters, email, newsletter, word of mouth etc) | |
| Who will the fundraiser/event be promoted to? | |
| Do you intend to use the OCRF's name in your promotion and at your fundraiser/event? | <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Use of the Foundation's name is subject to the OCRF's approval.</i> |
| Would you like the OCRF to assist in promoting your event? We also welcome script and named photos post-event for our website www.ocrf.com.au . We are able to accept word and jpg image files. | <input type="checkbox"/> NO <input type="checkbox"/> OCRF Website <input type="checkbox"/> OCRF e-newsletter <input type="checkbox"/> OCRF Facebook events page |
| Other information: <i>(please provide additional information here)</i> | |

Stay up-to-date with all the news from the Ovarian Cancer Research Foundation with our monthly e-newsletter. You can also follow us on Twitter and become a fan on Facebook.

Yes, please sign me up for the Ovarian Cancer Research Foundation e-newsletter

Disclaimer and Fundraising Agreement

1. I (insert name) _____ accept the terms and conditions of the OCRF Community Fundraising Guidelines.
2. I agree to conduct my fundraiser/event in accordance with those terms and conditions and in a manner which upholds the integrity, professionalism and values of the OCRF.
3. In particular, I agree that I will not approach any of the existing OCRF partners or sponsors listed on the OCRF website www.ocrf.com.au. I acknowledge that the OCRF has developed relationships with these important sponsors and supporters over the years which have enabled the OCRF's research to continue. I agree that I will approach my own contacts, sponsors and supporters in the community.
4. I also agree that I will not use the OCRF logo on any communication materials and will obtain the OCRF's approval of any statement regarding the relationship between the fundraising event and the OCRF.
5. I have read and I agree to abide by the OCRF Community Fundraising Guidelines and, to the maximum extent permitted by law, indemnify the OCRF, its employees, volunteers and all sponsors from and against all liabilities, claims, damages, suits, expenses, causes of action, injuries, losses or inconvenience of any description whatsoever arising in any way from the fundraiser/event that is the subject of this application.
6. The OCRF reserves its right to withdraw approval for the fundraising activity at any time if it believes any aspect of the proposed fundraising activity no longer fits within the OCRF Fundraising Guidelines.

Feedback on your experience as a community fundraiser is important to help us continue to improve and develop this program, and we would welcome the opportunity to obtain your comments after your fundraiser/event.

If you prefer not to be contacted for this research, please tick this box.

Signature: _____

Date: _____

Full Name: _____

If under 18 years of age, parent/guardian to sign.

Thank you for your support in raising awareness and funds for ovarian cancer research.

Please return completed Fundraising Expression of Interest Form to:

Community Co-ordinator
Ovarian Cancer Research Foundation
TOK Corporate Centre
Level 1, 459 Toorak Road
Toorak VIC 3142

Fax: 03 9296 2184

Email: community@ocrf.com.au

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| Office Use | | |
| Date Received: | Application Number: | |
| Application Approved <input type="checkbox"/> | Application Declined <input type="checkbox"/> | Date: |

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| To be completed and returned to the fundraiser if this application is approved: | | |
| Approval granted by | _____ | _____ |
| | (print name) | (signature) |
| | | _____ |
| | | (date) |