Volunteer Application



Contact Information	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Are you at least 18 yrs old?	Yes No
Please provide name & phone # of the Parent/Guardian consenting	Name:
to your participation?	Phone:
Will a parent/ guardian/troop leader be participating with you and/or your group?	Yes No If yes, please provide the name of guardian/parent or adult if different from above? Name:

Availability

Are you available to volunteer on September 15, 2018?

7:00am -12:30pm Full Shift 7:00am - 10:30 am Partial Shift 10:30am - 12:30 pm Partial Shift

Interests

Tell us in which areas you are interested in volunteering:

Event Set up
Water/Snack Stations
Cheering Stations
Directions on Race Route
Event Clean up/ Trash Pick up
Event Tear Down
Registration Booth
Volunteer Booth
Resource Table
Kids Zone

Special Skills or Qualification	ations	
Summarize special skills and qualifications you have acquired from employment, previous volunteer work,		
or through other activities, including hobbies or sports.		
Previous Volunteer Experience		
Summarize your previous volunteer experience.		
	<u> </u>	
Person to Notify in Case of Emergency		
Name	Unit general control of Entergology	
Street Address		
City ST ZIP 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 statements, omissions, or other misrepresentations made by		
me on this application may result in my immediate dismissal.		
Name (printed)		
Signature		
Date		
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.