



2010 Ruben Brown Charity Motorcycle Run Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

Please note the dates and times you are available to volunteer (e.g. June 8th 3pm – 6pm)

Monday _____	Friday _____
Tuesday _____	Saturday _____
Wednesday _____	Sunday _____
Thursday _____	

Interests

Tell us in which areas you are interested in volunteering. (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Registration/Check-In | <input type="checkbox"/> Silent Auction |
| <input type="checkbox"/> Event Day Logistics | <input type="checkbox"/> Bikini Bike Wash |
| <input type="checkbox"/> Donation Solicitation | <input type="checkbox"/> T-Shirt Sales |
| <input type="checkbox"/> Vendor Solicitation | <input type="checkbox"/> Grounds Crew |
| <input type="checkbox"/> Road Captain | |
| <input type="checkbox"/> Route Flagger | |
| <input type="checkbox"/> Other (please specify): | |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.



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How did you hear about our event?

___ Internet _____

___ Friend (name) _____

___ Attended Event (please specify) _____

___ Other (please specify): _____

At times, volunteers may be involved in activities that require physical exertion. Please note any medical or physical conditions we should be aware of?

Person to Notify in Case of Emergency

Name	
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	

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.

Please return completed application to:
Mary Jo Catalano: coachmaryjo@buffaloenvyallstars.com