

Volunteer Form

Thursday, December 31, 2009
5 p.m. to approximately 10 p.m.



Name: _____

Address: _____

City/State/Zip: _____

Day Phone: _____ Evening: _____

NOTE: Volunteers must be at least 12 years old. Please check one of the following to help assist with placement:

- 12 – 17 years old 18 – 35 years old
- 36 – 55 years old 56 years and older

Shirt Size (circle one)

Medium Large XLarge XXLarge

What role would you like as a volunteer?

Please check one of the following:

- Wherever needed** – we will place you appropriately.
- Site volunteer** – a true hands-on experience; responsibilities may include monitoring crowds, distributing schedule brochures, directing participants and assisting with event activities such as monitoring games, bounce houses, etc.
- Logistics volunteer** – assisting with event set up and take down; volunteers are needed for the morning and afternoon of the event for deliveries, hanging signs, etc. (Please let us know what times you are available.)
- Headquarters volunteer** – assisting with communications: answering telephones, monitoring radio communications and responding to questions from walk-in traffic.
- Costumed character volunteer** – wearing a pre-designated character costume we provide. Please provide your approximate height _____

Please check the time you desire (we ask that all volunteers work one of the shifts scheduled below):

- I am available the whole night (4:30 – 10 p.m.)**
- 4:30 – 7:15 p.m.**
- 6:45 – 10 p.m.**

Please Note: Requesting a specific volunteer role, site or shift does not guarantee that you will be placed accordingly; however, we will make every effort to accommodate your request.

Spaces are filled on a first-come, first-served basis. Confirmation of your assignment will be mailed to you by the beginning of December.

If you would like to volunteer with a friend or family member, or prefer to volunteer at a specific site or with a certain site manager, please write this information in the space provided below. Also, if you have any limitations (e.g., no lifting, no standing for long periods), please inform us.

Please return this form as soon as possible. We appreciate your support.

Independent Health Foundation

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