



# Volunteer Application 5K Run for The Bridge

PERSONAL AND CONFIDENTIAL

## TBOG's Incredible Family Fun Day - April 27th

Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Driver's License number and state: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Current Address: \_\_\_\_\_

Please check the number and/or E-Mail address that is the best way to contact you.

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Primary E-Mail Address: \_\_\_\_\_

Do you have any allergies, medical conditions, or medications that we would need to know about in case of a medical emergency? Yes No If yes, please note here: \_\_\_\_\_

Do you have specific skills or experience that you would like to use to benefit the children of The Bridge?

If so, list here: \_\_\_\_\_

### Preferred assignments - Volunteers needed:

\_\_\_\_\_ Man water stations

\_\_\_\_\_ Man snack stations

\_\_\_\_\_ Registration

\_\_\_\_\_ Guides to direct runners at turns

\_\_\_\_\_ Put out signs

\_\_\_\_\_ Parking

\_\_\_\_\_ Manage Vendors

\_\_\_\_\_ Set up

\_\_\_\_\_ Tear down and clean up

\_\_\_\_\_ Volunteer director

\_\_\_\_\_ Available anywhere needed

Are you the parent/legal guardian of a student enrolled at The Bridge of Georgia? Yes No

Have you ever been convicted of a crime? Yes No

Have you ever been convicted of a felony involving the use, possession, or selling of illegal drugs/alcohol? Yes No

Have you volunteered at other organizations before? If so, please list and describe the kind of volunteer work you did for that organization. \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

### Photo Release

I agree to grant to The Bridge of Georgia and its authorized representatives permission to record on photography film and/or video, pictures of my participation. I further agree that any or all of the material photographed may be used, in any form, as part of any future publications, brochures, or other printed materials used to promote The Bridge of Georgia, and further that such use shall be without payment of fees, royalties, special credit or other compensation.

To the best of my knowledge, all answers are true and I have not withheld any pertinent information.

By signing this application and photo release you agree to all the above.

Signature \_\_\_\_\_ Date \_\_\_\_\_