



GROUP VOLUNTEER FORM for SATURDAY, October 13, 2012

This form should be completed and faxed to 706-475-6657 or emailed to terriash@armc.org.

It can also be returned by mail to: Terri Ash, 1199 Prince Avenue, Athens, GA 30606.

Form must be received by Monday, 10/01/2012 to guarantee receipt of a volunteer t-shirt.

Group Name: _____ **Primary Contact Name:** _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Primary Contact #: (h)(c)(w) _____ Secondary Contact #: (h)(c)(w) _____

Email Address: _____

***Email will be the primary source of communication.*

VOLUNTEER INTEREST

Availability to volunteer on the day of the walk: **6:30 am–10:30 am** **10:30 am–2:30 pm**
(circle one or both)

Please check your interest below:

Set-up Registration Course Guide Clean-up General

Individual Names of Group Members: - each member **MUST** submit a signed release:

Name: _____	Signed Release: Y or N	T-Shirt Size: S M L XL XXL XXXL
Name: _____	Signed Release: Y or N	T-Shirt Size: S M L XL XXL XXXL
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Name: _____	Signed Release: Y or N	T-Shirt Size: S M L XL XXL XXXL
Name: _____	Signed Release: Y or N	T-Shirt Size: S M L XL XXL XXXL

*I hereby release the above information to the **In their Shoes** Walk medical team and any other medical personnel, hospital personnel, etc. that may need to care for me during the walk. By submitting this application, I assume all risks and dangers incidental to the walk and release the **In Their Shoes** Walk, its sponsors, participants, and all agents from any and all liabilities resulting from any and all activity associated with the walk. (MUST SIGN)*

Signature _____ Date _____

*****Registrations received after October 1, 2012 are not guaranteed a t-shirt*****

In Their Shoes is a group of volunteers raising funds for programs and services at the Loran Smith Center for Cancer Support.
Thank you for volunteering !!

In Their Shoes • Athens Regional Foundation • 1199 Prince Ave • Athens GA 30606
www.InTheirShoesAthens.org • Office 706.475.3301 • Fax 706.475.6774



Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Primary Contact #: (h)(c)(w) _____ Secondary Contact #: (h)(c)(w) _____

Date of Birth: _____ Sex: Female Male Allergies: _____ (food, medication, etc.)

Emergency Contact: (name) _____ (relationship) _____ (phone#) _____

T-Shirt Size (circle): S M L XL XXL XXXL

Email Address: _____

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Signature _____ **Date** _____

..... cut along dotted line and duplicate as needed



Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Primary Contact #: (h)(c)(w) _____ Secondary Contact #: (h)(c)(w) _____

Date of Birth: _____ Sex: Female Male Allergies: _____ (food, medication, etc.)

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Signature _____ **Date** _____