

2017 Mother's Day Run, Walk & Ride - Sunday, May 14, 2017 Volunteer Application

Behind each and every event connected to Calgary health Trust, there is a committed volunteer who has put their heart into our organization. We could not do it without you.

Personal Information

Are you a returning Volunteer? Yes No

First Name	<input style="width: 95%;" type="text"/>	Last Name	<input style="width: 95%;" type="text"/>
Phone Number	<input style="width: 95%;" type="text"/>	Email Address	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>	City	<input style="width: 95%;" type="text"/>
Province	<input style="width: 95%;" type="text"/>	Postal Code	<input style="width: 95%;" type="text"/>
Emergency Contact	<input style="width: 95%;" type="text"/>	Emerg. Number	<input style="width: 95%;" type="text"/>

Would you like to know about upcoming volunteer opportunities at the Calgary Health Trust?

Availability

Sunday, May 14, 2017 - Course Marshall - 7:00am to 12:00pm. Yes No

Must be over age 18 and speak fluent English

All volunteers must check in at the Chinook Centre Volunteer Booth by 7:00 am to receive road safety vest and volunteer vest.

Location: Chinook Centre - 61st avenue & Macleod Trail. Calgary Transit: Chinook LRT station

T-Shirt Size S M L XL XXL

Wednesday, May 10, 2017 - Participant T-shirt package assembly - 3:00pm to 8:00pm. Yes No

Location: Max Bell Centre - 1001 Barlow Trail S.E. Parking available on site.

Declaration

I hereby release rights to photographs, video and / or statements taken by the Calgary Health Trust to use in possible promotional or educational materials, including the Calgary health Trust's web site. I waive and release any all claims for myself, my heirs, executors and administrators against the Calgary Health Trust, its agents, employees and licensees and any sponsors, officials and organizers of the event in conjunction with any injury, illness or death which may directly or indirectly result from my participation in this event, or from any claim arising in connection with the use of my name or any photographs of me. I acknowledge that I will not receive any financial remuneration for any of the above and that my compensation is the opportunity to contribute to the activities of the Calgary Health Trust. I have read and fully understand and agree with the contents of this Agreement, Prior to participating in the event.

Signature

Date

Please print and fax this form to Volunteer Coordinator : Fax: 403-943-0628 or submit by E-mail to: volunteer@calgaryhealthtrust.ca