



# Volunteer Interest Form

Mail or Fax Completed Form to:  
 HRF Battle for HOPE - Volunteer Coordinator  
 2949 Point Circle, Suite 1  
 Fayetteville, AR 72704  
 Fax: 479.443.6001

**This form is required for all volunteers and is due by April 20, 2009**

Questions? Send an email to: [Information@hopenwa.org](mailto:Information@hopenwa.org) Or call: 479.571.4673

Last Name:		First:		Are you a cancer survivor?																			
				Yes	No																		
Address:																							
City, State, Zip:				Phone:																			
Email:			Where did you hear about our race:																				
Shirt Size: specify Child or Adult	S	M	L	XL	XXL or XXXL																		
Did you volunteer at the event last year? Yes No Wal-Mart/Sam's Club Volunteer? Yes No																							
<p>Release: I know that volunteering to work in races are potentially hazardous activities. I should not volunteer at this race unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely volunteer. I assume all risks associated with volunteering to work in races including, but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Heather Ridley-Fleeman Battle for HOPE, HOPE, Inc., Bentonville Schools, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in the race and/or event activities even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.</p>																							
Signature:				Date:																			
Parent Signature if under 18 years:				Date:																			
<p>Role Preference: Please Identify which tasks you prefer for the event, by ranking your preference with a 1, 2, 3 (assignments are made on a first come, first served basis)</p> <table border="0"> <tr> <td><b>Pre Event Day Tasks:</b></td> <td><b>Event Day Tasks:</b></td> </tr> <tr> <td><input type="checkbox"/> Brochure/Poster Distribution</td> <td><input type="checkbox"/> Set-Up (tables, trash, signs, course, etc.)</td> </tr> <tr> <td><input type="checkbox"/> Registration/Goody Bag Assembly</td> <td><input type="checkbox"/> Prepare and staff water stop</td> </tr> <tr> <td><input type="checkbox"/> Donation Pick-Up</td> <td><input type="checkbox"/> Traffic Control</td> </tr> <tr> <td><input type="checkbox"/> Planning Committee</td> <td><input type="checkbox"/> Prepare and staff race-day tables</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Staff Children's Activities</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Take Down</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Massage Therapy</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Nursing/Emergency Services</td> </tr> </table>						<b>Pre Event Day Tasks:</b>	<b>Event Day Tasks:</b>	<input type="checkbox"/> Brochure/Poster Distribution	<input type="checkbox"/> Set-Up (tables, trash, signs, course, etc.)	<input type="checkbox"/> Registration/Goody Bag Assembly	<input type="checkbox"/> Prepare and staff water stop	<input type="checkbox"/> Donation Pick-Up	<input type="checkbox"/> Traffic Control	<input type="checkbox"/> Planning Committee	<input type="checkbox"/> Prepare and staff race-day tables		<input type="checkbox"/> Staff Children's Activities		<input type="checkbox"/> Take Down		<input type="checkbox"/> Massage Therapy		<input type="checkbox"/> Nursing/Emergency Services
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**Event Day: May 2, 2009**