

# Ventura County Diabetes Awareness Run

## Volunteer Application

---

### Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

### Availability

During which hours are you available for volunteer assignments?

- Weekday mornings       Weekend mornings  
 Weekday afternoons       Weekend afternoons  
 Weekday evenings       Weekend evenings

### Interests

Tell us in which areas you are interested in volunteering

- Administration  
 Event - Morning  
 Event - Afternoon  
 Field work  
 Fundraising – Sponsors  
 Food  
 Parking Lot  
 Volunteer coordination  
 Poker Run – Stop Sites

### Previous Volunteer Experience

Summarize your previous volunteer experience.

--

### Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, disability or what kind of motorcycle you ride.

Thank you for completing this application form and for your interest in volunteering with us.