



2010 Run, Walk, Roll benefitting United Cerebral Palsy **VOLUNTEER APPLICATION**

Name: _____ Date: _____

Address: _____ City _____ State _____ Zip _____

Day Phone (____) ____-____ Evening Phone (____) ____-____

E-mail _____

Preferred Contact: Day Phone Evening Phone E-mail

T-shirt Size: Small Medium Large XL XXL

Emergency Contact: Name _____

Phone Number _____ Relationship to You _____

Volunteer Placement Preference

Please rank your top three choices for volunteer placement.

(1 = first choice, 2 = second choice, 3 = third choice)

____ **No Preference** (general volunteering where needed)

____ **Set up and Tear Down** (assist with tables/chairs banners, decorations)

____ **Parking Coordinators** (direct traffic to correct parking areas)

____ **Food & Water Service** (maintain tables of snacks and water)

____ **5K Course Monitors** (encourages and plays music for passing runners)

____ **Environment Monitors** (monitor recycling; pick up water cups, etc)

Please return completed application to Lindsay at :
LindsayManigold@ucpnorthtexas.org or (fax) 214-351-2610

Or mail to:

United Cerebral Palsy ATTN: Lindsay Manigold 8802 Harry Hines Blvd. Dallas, Tx. 75235