



2010 Volunteer Application

Return this form to:
GoodLife Fitness Victoria Marathon
Box 675, 185 – 911 Yates St., Victoria, BC, V8V 4Y9
 Or by fax to: **250.472.0076**

CONTACT INFORMATION	Complete information in this column:			
First Name:				
Middle Name:				
Last Name:				
Gender:	M		F	
Birthdate:	M		Da	Yr
Email:				
Day Phone:				
Evening Phone:				
Cell Phone:				
Address:				
City:				
Province/State:				
Country:				
Postal Code:				
Unisex T-shirt size:	S		M	L
(sizes are not guaranteed)	XL		XXL	
JOB POSITIONS				
What areas are you interested in?				
Possible areas include: Course Marshal, Recovery Zone (post-race refreshments), Medical Station, Race Package Pick up/Late Registration, Race Package Stuffing, Gear Check, Grounds, Shirts, Start-Finish Setup/Tear Down (may include finisher medals, timing chip removal, blanket distribution, fencing/signage), Water/Aid stations.				
First Aid Training				
Spoken Languages other than English				
Are you a returning Victoria Marathon volunteer?	Y		N	
If yes, what was your previous position?				
Related work/volunteer experience				
Date & Time Availability	Before race day	Y/N		
	Race weekend	Y/N		
	Race day	Y/N		
If you would like to volunteer with someone please list full name here				
How did you hear about the Good Life Fitness Victoria Marathon?				
Additional Comments				
PARENT/GUARDIAN INFORMATION: Must be completed if volunteer is under 19.				
Parent/Guardian Name				
Parent/Guardian Contact Phone Number				
I have agreed to be responsible for this participant <i>(Parent/Guardian must initial here)</i>				