



Team Ortho Foundation – Group Application 2017

Name of Organization/Group: _____

Payee (If different than name of Organization): _____

Tax Identification Number (If applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact Person:

Name: _____ Email: _____

Cell Phone: _____ Organization/Group Role: _____

Alternate/ Secondary Contact Person:

Name: _____ Email: _____

Cell Phone: _____ Organization/Group Role: _____

Check the Event(s) you would like to be considered for in 2017:

Dates are subject to change based on city permitting

| | Race | Date | Donation | Volunteers Required |
|--------------------------|--------------------------------|---------------------------------|---------------|---------------------|
| <input type="checkbox"/> | Polar Dash – St. Paul | January 1 st , 2017 | \$250 + *\$50 | Minimum 10 |
| <input type="checkbox"/> | Get Lucky – St. Paul | March 11 th , 2017 | \$250 + *\$50 | Minimum 10 |
| <input type="checkbox"/> | Tiki Run – St. Paul | July 15 th , 2017 | \$250 + *\$50 | Minimum 10 |
| <input type="checkbox"/> | Minnesota Duathlon – Rosemount | July 30 th , 2017 | \$250 + *\$50 | Minimum 10 |
| <input type="checkbox"/> | Women Rock – St. Paul | August 26 th , 2017 | \$250 + *\$50 | Minimum 10 |
| <input type="checkbox"/> | Monster Dash – St. Paul | October 28 th , 2017 | \$250 + *\$50 | Minimum 10 |

***** \$300.00 bonus for participation in at least 5 events*****

Bonus will be earned if at least one representative who will be on site during the assigned shift is in attendance at any required meetings.

For questions or to submit a completed form contact: Teamorthovolunteermn@gmail.com



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Tell us a little about your group and describe the specific project/program or need the donation is intended to benefit:

Will all your volunteers be 14 years of age or older at the time of the event? _____

*If no please contact volunteer coordinator

Group Guidelines & Requirements

- Groups must have a captain that can be reached at all times during an event.
- Group captains are responsible for receiving and communicating volunteer information to ALL members of the group prior to the event.
- Groups should arrive on time; stay for the entire allocated time as scheduled and be prepared as to what their responsibilities entail.
- Volunteers must be 14 years of age or older unless pre-approved by Team Ortho staff and adult supervision must be provided on a 5:1 ratio.
- Volunteers under age 18 must have a parent or legal guardian complete our parental consent waiver prior to volunteering at our events. (Please contact volunteer coordinator for form)
- Volunteers are responsible for their own parking and costs required associated with transportation.
- Groups are required to meet the minimal volunteer number requirements for each race. If they do not, Team Ortho reserves the right to withhold or negotiate donations.
- Our events are rain or shine; groups are expected to uphold their commitment even in foul weather.
- Groups should present themselves in a clean and professional manner – they should be dressed appropriately for active volunteering.
- Smoking, Drinking, Drugs are not accepted at any of our events.
- Volunteers should positively represent Team Ortho Foundation at all times and be encouraging towards participants as they come in contact with at events.
- All groups are subject to post-event evaluation prior to receiving incentives/donations.
- Groups’ incentives do not include Bones Incentive Program designated for individual volunteer opportunities.

| | |
|--------------------------|---|
| <input type="checkbox"/> | I have read, understand, and agree to the group guidelines and requirements for volunteering with Team Ortho Foundation |
|--------------------------|---|

Signature of Requestor

Date

For questions or to submit a completed form contact: Teamorthovolunteermn@gmail.com