



VOLUNTEER APPLICATION

NAME _____

MAILING ADDRESS _____

STATE _____ ZIP _____ PHONE _____

EMAIL _____

SHIRT SIZE: MALE ___ S ___ M ___ L ___ XL

FEMALE ___ S ___ M ___ L ___ XL

I AM INTERESTED IN:

___ **Pre-Race Volunteer Opportunities**

___ Solicit Donations (Sponsors, Raffle Items, Donations)

___ Distribute brochures and follow up to ensure adequate supplies.
(Recreation Centers, Gyms, Schools, Skating Rinks, Coffee Shops, Skating Rinks, other local races.)

___ Sell Raffle Tickets

___ Attend a Brochure Folding Meeting (Typically once a month on Wednesdays)

___ Assemble Registration Bags (Typically one evening the week prior to race day.)

___ **Race Day Volunteer Opportunities**

I am available: ___ 7:00 AM - 11:00 AM ___ 9:00 AM - 1:00 PM ___ All Day

Have you volunteered with us before? ___ YES ___ NO

Previous Tasks and/or Special Skills?: _____

I hereby for myself my heirs, executors and administration, waive any and all rights and claims for damages I may have against Gosnold, Inc., WellStrong, the Town of Barnstable, , all sponsors, coordinating groups and any individuals associated with this event, their representatives, successors, assigns, and will hold harmless for any and all injuries suffered in connection with this event. I attest that I am physically fit to compete in this event. Further I grant full permission to Gosnold, Inc. , WellStrong, the David Lewis 5K and all foregoing to use my likeness in all media's including photographs, pictures, recordings, or any other record of this event for any legitimate purpose.

SIGNATURE _____
(signature of parent if participant is under age 18)

To Benefit



Saturday,
September 29th
2018

Please complete form
and mail or email to us at:

David Lewis 5K
P.O. Box 501
Osterville, MA 02655

Email: DavidLewis5k@gmail.com

Visit us online at:
www.DavidLewis5K.com