

Michigan Tour de Cure Saturday, June 11, 2011 – Brighton High School VOLUNTEER FORM

http://main.diabetes.org/michigantourdecure

	I am intere	sted in	ı servinç	ງ on the	∌ 2011 T	our de C	Cure Planning Committee
I am interested in volunteering for office projects prior to the Tour de Cure. Please call me!							
• • • • • • •	Sim	nply fill					our office at (248) 433-1095 (attn: Charisse). on is at the bottom of the form.
Thursday/Friday Set Up Times vary, please call or email Charisse Andary (see below) to find out specific times. Load truck, unload truck, set up at school, set up 10x10 tents, mark routes, etc. Set Up/Breakfast/Lunch 5:30am – 11:30am Unload and set up supplies/food at the school, put up banners and signs, set-up and serve food/beverages to riders Event Registration 6am—10:30am Check in riders Pre-Event Greeters 6am – 10:30am Greet riders and direct them to registration and food Post-Event Greeters 11am – 1:30pm or 1:30pm – 4pm Greet riders at the finish line, hand out water and distribute goodie bags VIP Party Set Up/Check-In Friday, June 10, 4 –9pm (for riders who raise \$1000 or more) -							Assist riders with cuts, blood sugar readings or general medical concerns
Please assign me to the area needing the most assistance. Note: You will receive an email confirmation once your form has been received.							All volunteers will receive lunch and a Tour T-shirt! If you are interested in raising funds for the ADA join our Helping Hands Team! Email Charisse at candary@diabetes.org for more information.
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Address:							 State:Zip:
Emai:							Cell Phone:
Emergency Contact Name:					-		Emergency Contact Number:
T-shirt Size		М	L	XL	XXL	XXXL	
					,		DE CURE EER WAIVER
Name:							Volunteer Position:
I hereby wai	ive all claims, Cure 2011. I	legal or o grant full	therwise, a	against the	American nizer to use	Diabetes Apphotograph	association, sponsors of the event or any personnel for any injury I might suffer at hs of me in legitimate accounts and promotions of this event.
Χ	Date:						X Date:
Signature							X Date: Parent or Guardian's Signature (if less than 18 years of age) Parent is responsible for supervision of a child during entire volunteer shift.

Please fax completed form to (248) 433-1095 or mail to:

American Diabetes Association Tour de Cure

30200 Telegraph Rd., Ste. 105, Bingham Farms, MI 48025