



Volunteer Application Form 2017

Please print clearly & complete one per volunteer:

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip _____

Home/Cell Phone _____ Email _____

Work Phone _____ Company/Department _____

Emergency Contact _____ Phone _____

**We have a limited number of stylish new low-profile ball caps for volunteers and they will be issued in the order the applications are received while quantities last. Please wear your ball cap whenever you volunteer at the event.*

Please review the volunteer opportunities for involvement on the back of this form and check the areas you would most like to help with. We will contact you to discuss your volunteer placement.

AGREEMENT AND RELEASE OF LIABILITY

I, _____, do hereby waive, release and forever discharge Southeast Georgia Health System and its directors, officers, agents, employees, representatives, successors, executors, and all other form from all responsibilities or liability for injuries or damages resulting from my participation in any volunteer activities. This includes incidents occurring while traveling to or from various sites owned or operated by the Health System or its strategic affiliates. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damages caused by the negligent act or omission of any others not released under this Agreement in any way arising out of or connected with my participation in any activities of Southeast Georgia Health System.

Print Name of Volunteer _____

Signature of Volunteer _____ Date _____

Signature of Parent/Guardian if Volunteer is Under 18: _____

Volunteers are needed in the areas below for the Pasta Party event on 2/17/17 and the Bridge Run event on 2/18/17. **Note that both events will take place at the Sidney Lanier Bridge.** Please place an X in the column next to the areas in which you are most interested in helping and return this form by 1/31/17 to:

Southeast Georgia Health System
 Attn: Lynder Young
 2415 Parkwood Drive
 Brunswick, GA 31520

or

International Seafarers' Center
 Attn: Robert Randall
 307 Newcastle Street
 Brunswick, GA 31520

Someone will contact you to discuss your volunteer placement and to confirm receipt of your application form. Questions? Contact Lynder Young at (912) 466-7018 or Robert Randall at (912) 267-0631 or email us at volunteers@sghs.org.

We will host an organizational meeting for all Bridge Run volunteers on Wednesday, February 15 at 5:30 p.m. in the Linda S. Pinson Conference Center at the Brunswick Campus. We will cover topics such as event layout and logistics as well as distribute parking passes and review volunteer assignments. Please make plans to attend.

THANK YOU for your interest in volunteering for the 2017 Southeast Georgia Health System Bridge Run!

| PASTA PARTY | | BRIDGE RUN | |
|--------------------------------|-------------------------|-------------------------------------|-------------------------|
| Friday, 2/17/17 | 4:30 – 8:00 p.m. | Saturday, 2/18/17 | 6:30 a.m. – noon |
| Bib Pickup (Runner)* | | Bib Pickup (Runner)* | |
| Bib Pickup (Walker)* | | Bib Pickup (Walker)* | |
| Register Now Table* | | Register Now Walker Table* | |
| T-Shirt Distribution | | T-Shirt Distribution | |
| Prior Year T-Shirt Sales | | Prior Year T-Shirt Sales | |
| Parking | | Parking | |
| Food Service | | Refreshments at the Turn | |
| Greeter/Directional Assistance | | Refreshments at the End of the Race | |
| Where I'm Most Needed | | Event Set-Up (Tables/Chairs) | |
| | | Event Clean-Up, Trash Detail | |
| | | Finish Line (Crowd Control) | |
| | | Pre-Registration Questions | |
| | | Where I'm Most Needed | |
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*If you volunteer for this task, we will need you to perform it Friday evening at the Pasta Party AND Saturday morning for the Bridge Run.