Volunteer Application Form 2026

Please print clearly & complete one per volunteer:

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip _____

Home/Cell Phone _____ Email _____

Work Phone _____ Company/Group Name _____

Emergency Contact _____ Phone _____

**We have a limited number of stylish 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.

AGREEMENT AND RELEASE OF LIABILITY

I, _____, do hereby waive, release and forever discharge Southeast Georgia Health System and Southeast Georgia Health System Foundation, 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 and Southeast Georgia Health System Foundation. Under Georgia law, I understand there is no liability for an injury or death of an individual entering this event if such injury or death results from the inherent risks of contracting COVID-19. I understand, I am assuming the risk by entering this event.

Print Name of Volunteer _____

Signature of Volunteer _____Date_____

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

Volunteers are needed for a variety of areas (see page 2) for the Power-up Party on Friday, Feb. 13, 2026 and the Bridge Run on Saturday, Feb. 14, 2026.
Note that both events will take place at the Sidney Lanier Bridge.

THANK YOU for your interest in volunteering for the 2026 Bridge Run!

Volunteer in 4 Easy Steps!

STEP 1: Request Your Assignment.
Please place a number (1,2 & 3 -your top 3 areas) in the right column next to the areas in which you are most interested in volunteering. Please note that your assignment may change depending on our volunteer needs.

_____ This is my first year volunteering _____ I have volunteered in the past

POWER-UP PARTY Friday, Feb. 13, 2026	Time Commitment	Assignment Ranking
Bib Pickup	4:30-8 p.m.	
T-Shirt Distribution	4:30-8 p.m.	
Prior Year T-Shirt Sales	4:30-8 p.m.	
Coke Wagon	4:30-8 p.m.	
Where I'm Most Needed	4:30-8 p.m.	

BRIDGE RUN DOUBLE PUMP, 5K RUN & 5K WALK Saturday, Feb. 14, 2026	Time Commitment	Assignment Ranking
Bib Pickup	6:30 a.m.-12 p.m.	
T-Shirt Distribution	6:30 a.m.-12 p.m.	
Water at the Turn	6:30 a.m.-12 p.m.	
Prior Year T-Shirt Sales	7:00 a.m.-12 p.m.	
Water & Fruit at the End	7:00 a.m.-12 p.m.	
Coke Wagon	7:00 a.m.-12 p.m.	
Participant Awards at the Finish Line	7:00 a.m.-12 p.m.	
Where I'm Most Needed	6:30 a.m.-12 p.m.	

STEP 2: Return this completed form by Friday, Jan. 30, 2026 to:
Mailing Address:
Southeast Georgia Health System
Attn: Volunteer Services
2415 Parkwood Drive, Brunswick, GA 31520
or
Scan to Email Address: volunteers@sghs.org

STEP 3: Attend The Volunteer Meeting.
Tuesday, Feb. 10 at 5:30 p.m. in the Linda S. Pinson Conference Center on the Brunswick Campus, 2415 Parkwood Drive, Brunswick, GA 31520.

We will discuss event layout, logistics, distribute parking passes and review volunteer assignments. Please plan to attend.

STEP 4: Volunteer at The Event!

Questions? Contact Volunteer Services at 912-466-3157 or email volunteers@sghs.org
THANK YOU!