



2009 Volunteer Form

Return this form to:
Royal Victoria Marathon
Box 675, 185 – 911 Yates St., Victoria, BC V8V 4Y9
 Or by fax to: 250.472.0076

CONTACT INFORMATION		Complete information in this column:					
First Name:							
Middle Name:							
Last Name:							
Gender:		M		F			
Birthdate:		M		Da		Yr	
Email:							
Day Phone:							
Evening Phone							
Address Line 1:							
Address Line 2:							
City:							
Province/State:							
Country:							
Postal Code:							
Unisex T-shirt size:		S		M		L	
(sizes are not guaranteed)		XL		XXL			
JOB POSITIONS							
What areas are you interested in?							
Possible areas include: Course Marshal, Recovery Zone (post-race refreshments), Medical Station, Race Package Pick up/Late Registration, Race Package Stuffing, Gear Check, Shirts, Start-Finish Setup/Tear Down (may include finisher medals, timing chip removal, blanket distribution, fencing/signage), Water/Aid stations.							
First Aid Training							
Spoken Languages other than English							
Are you a returning Royal Victoria Marathon volunteer?		Y		N			
If yes, what was your previous position?							
Related work/volunteer experience							
Date & Time Availability		Before race day		Y/N			
		Race weekend		Y/N			
		Race day		Y/N			
If you would like to volunteer with someone please list full name here							
How did you hear about the Royal Victoria Marathon?							
Additional Comments							
PARENT/GUARDIAN INFORMATION: Must be completed if volunteer is under 19.							
Parent/Guardian Name							
Parent/Guardian Contact Phone Number							
I have agreed to be responsible for this participant (Parent/Guardian must initial here)							