



Volunteer Application

Thursday, May 20, 2010

Application Deadline: Monday, May 10

This is an application to participate as a volunteer with Kampaign for Kids, a special one-day fund-raiser co-sponsored by Cape Fear Valley Health Foundation, The Fayetteville Observer, and Beasley Broadcasting. If you are applying as a group, please be sure to list the names of each volunteer who will be working with your group. If you are an individual and would like to work with another volunteer, please be sure to list that volunteer's name on your application. We cannot guarantee that you will be able to work together, but we will try our best to accommodate your request.

A responsible adult must accompany volunteers who are younger than 18 years of age. If you are younger than 18, please list on the application the name of the adult who will accompany you.

You must be in good health to participate. Volunteers will be required to stand and walk and/or be in weather conditions. All volunteers are responsible for their own transportation.

By submitting this application, I understand I will check in 15 minutes before my assigned time and that, despite any weather conditions, the event will go on. I acknowledge that I am aware of the risks associated with participation of this event and, on my behalf and that of my heirs, do hereby release Cape Fear Valley Health Foundation, Cape Fear Valley Health System, The Fayetteville Observer and Beasley Broadcasting and all of their employees, sponsors, and agents, from all claims, liabilities and/or damages on account of my personal injury or property damages that may occur from any cause before, during or after the Kampaign for Kids.

Full Name: _____ Signature: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Email: _____

Name of responsible adult who will accompany you if you are younger than 18:

Full Name: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Shifts & Locations – You may select as many times as you would like:

- | | | | |
|--|--|---|---------------------------------------|
| Full or Half Shifts: | Partial Shifts: | | Locations: |
| <input type="checkbox"/> 6 a.m. to 2 p.m. | <input type="checkbox"/> 6 a.m. to 7 a.m. | <input type="checkbox"/> 10 a.m. to 11 a.m. | <input type="checkbox"/> Fayetteville |
| <input type="checkbox"/> 6 a.m. to 10 a.m. | <input type="checkbox"/> 7 a.m. to 8 a.m. | <input type="checkbox"/> 11 a.m. to Noon | <input type="checkbox"/> Hope Mills |
| <input type="checkbox"/> 10 a.m. to 2 p.m. | <input type="checkbox"/> 8 a.m. to 9 a.m. | <input type="checkbox"/> Noon to 1 p.m. | <input type="checkbox"/> Spring Lake |
| | <input type="checkbox"/> 9 a.m. to 10 a.m. | <input type="checkbox"/> 1 p.m. to 2 p.m. | <input type="checkbox"/> Stedman |

Please group me with the following volunteer group, organization or friends/family members: _____

Please fax this form to (910) 615-1551, or drop it off at our offices at 101 Robeson Street, Suite 106, Fayetteville, NC 28301, or mail it to Post Office Box 87526, Fayetteville, NC, 28304.