



**SET UP – SATURDAY, MAY 09TH
RACE DAY – SUNDAY, MAY 10TH**

Limestone Charity Triathlon

Sunday, May 10th, 2009

Volunteer Application

Please fax completed form to: 613-541-4474

Date Completed:	Unit & CO
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Military Member

Civilian

Last Name (please print in block letters)

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First Name

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Guardian's name (for teens')

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Address – Street Name

Apt

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City

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Province

Postal Code

Home Phone

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Email Address *for volunteer updates/contact

Business Phone

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Medical Conditions/
Allergies, etc. :

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Emergency Contact

Name and Relationship:

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Home Phone #:

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Work Phone #:

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Note: All information will be kept strictly confidential IAW DMFS' "Privacy Code for Military Family Services Programs" and the "Personal Information Protection Act" (PIPEDA). Your personal information will be held on file by the KMFRC on behalf of the Race Director. If you would like more information about volunteering for other events of the KMFRC, please check this box :

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Please indicate in which positions you would like to volunteer:
(Please indicate 3 choices, we will do our best to accommodate your selection.)

<input type="checkbox"/> Swim Course	~ You will receive an email confirmation of your application upon receipt. Another email will be sent to you in mid-May with detailed event information and job description. ~ All volunteers are asked to report to the Kingston Military Community Sports Centre at 6:30am on Sunday, May 10 th . Upon arrival, please check in at volunteer registration. Thank you for volunteering!
<input type="checkbox"/> Bike Course	
<input type="checkbox"/> Run Course	
<input type="checkbox"/> Transition Zone	
<input type="checkbox"/> Finish Line	
<input type="checkbox"/> Timing	
<input type="checkbox"/> Food	
<input type="checkbox"/> Clean up	
<input type="checkbox"/> Saturday, May 9th Set up *10am-2pm @ KMCS	

Please circle your shirt size: **S M L XL**

Signature: _____ Date: _____

***Please note:**

If you are a volunteer under 16 years of age (15 or younger), you will need an adult to accompany you for this event. This person is required to complete an application form as well. Your community service hours record will be mailed to your home address in June.

Please print the name and phone number of the adult (19+) who will be your volunteer partner for the day and have a parent sign the consent below to participate.

The adult who will accompany me and remain with me for the duration of my volunteer commitment to the Limestone Charity Triathlon is:

Name of adult (19+): _____
(please print)

Parental consent (please print name and sign): _____

Date: _____

Consent to use Photographs

I give my consent to the Kingston Military Family Resource Centre to use photographs of myself, child(ren), family for promotion /publicity of the agency.

Signature (Signature of Parent or Guardian required if under 18 years of age) Date: _____