



Pitch for the Cure®

2011 Volunteer Form

June 10-12, 2011

www.pitchforthecure.org



Please print and mail to: Pitch for the Cure, P.O. Box 7780, Springdale, AR 72766
Or email to: volunteer@pitchforthecure.org

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Date of Birth	

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings
 Tournament Event Weekend (6/10/11-6/12/11) Exceptions: _____

Interests

Tell us in which areas you are interested in volunteering

- Scorekeeping
 Promotion/Public relations (pre-event)
 Volunteer recruiting (pre-event)
 Deliveries/Pick up
 Fundraising
 Donation recruitment (pre-event)
 Setting fields
 Posting flyers (pre-event)
 Advertising recruitment/Program design
 Park clean up/recycling
 Phone/computer work (pre-event)
 Other: _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Please check all that apply:
<input type="checkbox"/> I am a breast cancer survivor
<input type="checkbox"/> I am a family member of a Springdale Chicks player
<input type="checkbox"/> I have previous experience working at softball/baseball tournaments
<input type="checkbox"/> I have contacts with media/promotional agencies that may be of help
Explain: _____
<input type="checkbox"/> I am an internet user

Previous Volunteer Experience

Summarize your previous volunteer experience.

Parental/Guardian Participation Consent for volunteers under 18

Name	
Signature	
Relationship	
Home Phone	
Cell Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	
	If volunteering with a group, please write the name of the group or company.
Group/Company	Group Contact:
Contact Email	Contact number:

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with Pitch for the Cure®.