

## Andrew Jackson Marathon VOLUNTEER PROFILE

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home/Cell Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you a member of a team (Fraternity, Club, etc.)?

Circle one: **Yes** **No** Team Name: \_\_\_\_\_

All Volunteers will receive a T-shirt. Check size:  Small  Medium  Large  X-Large  XX-Large

Do you hold any Medical Certifications?

CPR  AED  First Aid Other: \_\_\_\_\_

Volunteer Opportunities: (Please check)

Registration  Food/Water Station  Course Guide  Assist Start/Finish Line

Set-up or breakdown tables, chairs, etc.  Assist Award Ceremony

What time are you available to Volunteer?

7:00 – 9:00 AM  9:00 – 11:00 AM  11:00 AM – 1:00 PM  1:00 – 3:00 PM

Please mail Volunteer Profile by February 20, 2008 to:

Joan Gray  
Bicentennial Exchange Club  
PO Box 33  
Jackson, TN 38302

Assignment confirmation will be mailed/Emailed to you on or before March 10, 2008