

June 7th 2010

VOLUNTEER APPLICATION FORM

Email: info@corkcitymarathon.ie

Web: www.corkcitymarathon.ie



PLEASE COMPLETE USING BLOCK LETTERS

Tick your preference(s) for which role you would like to undertake:

Assisting with registration (over 18 years only) (Sat/Sun 5 th /6 th June)	<input type="checkbox"/>
Assisting at a water station (Race Day – 7 th June)	<input type="checkbox"/>
Stewarding on the Marathon Route (Over 18 years only) (Race Day – 7 th June)	<input type="checkbox"/>

Name: _____

Address: _____

Date of birth: _____

Mobile. No: _____

Email: _____

Have you previously volunteered at the Cork Marathon or at a similar event? Yes No

If yes, in what capacity?

Emergency Contact Details:

Name: _____

Phone number: _____

Relationship to volunteer: _____

Additional Personal Information

Do you have any medical condition/illness that might affect your work as a volunteer?

Yes No

If yes, please give details (these details will only be passed on to your Team Leader and/or the Emergency Services on the course):

Are you a fluent speaker of English? Yes No

If no, please indicate your level of comprehension: Poor Basic Good

Please complete and return form to:

Event Manager, Gina Johnson, Cork City Marathon, City Hall, Cork.

PTO ⇒

Have you previously volunteered for any event? **Yes** **No**

If yes, please give brief details: _____

How did you hear that Cork Marathon is seeking volunteers?

- | | | | |
|--------------------------|-----------------------|---------------------|-----------------------|
| Radio ad..... | <input type="radio"/> | Twitter..... | <input type="radio"/> |
| Newspaper..... | <input type="radio"/> | FaceBook..... | <input type="radio"/> |
| CorkCityMarathon.ie..... | <input type="radio"/> | Poster | <input type="radio"/> |
| ReadySteadyCork.ie..... | <input type="radio"/> | Word of mouth | <input type="radio"/> |

Other (please specify): _____

Volunteer Training Sessions

Please note that volunteer training sessions will be held at the River Lee Hotel (formerly Jury’s Hotel), Western Road, Cork, on 18th and 26th May, 7.30–9.00pm. **Attendance at one is compulsory.** Please indicate which session you will attend:

Tuesday 18th May:

Wednesday 26th May:

References

Please supply details for two responsible people (not relatives) whom we can contact and who from personal knowledge would be willing to endorse your application.

Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email

I **confirm** that all of the information contained in this **application** is true to the best of my knowledge.

Signature: _____

Date: _____

Please complete and return form to:
Event Manager, Gina Johnson, Cork City Marathon, City Hall, Cork.