

RACE DAY is SUNDAY 31st May 2020



VOLUNTEER APPLICATION FORM

Email: info@corkcitymarathon.ie

Web: www.corkcitymarathon.com

PLEASE COMPLETE USING BLOCK LETTERS

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

Assisting with preparation during race week (18+ only) (Mon 25 th – Fri 29 th May)	
Assisting with registration for TEAMS (18+ only) (Thurs 28 th May, 4–7.30pm)	
Assisting with registration (18+ only) (Sat 30 th May, 9am–1, 1–5pm or 5–8pm)	
Assisting at a water station (Race Day – Sun. 31st May)	
Stewarding on the marathon route (18+ only) (Race Day – Sun. 31st May)	

Name: _____

Address: _____

Date of birth: _____ **Mobile. No:** _____

Email: _____

Have you previously volunteered at the 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):

Please complete and return form to:

Event Manager, Gina Johnson, Irish Examiner Cork City Marathon, City Hall, Cork, or at info@corkcitymarathon.ie.

Are you a fluent speaker of English? **Yes** **No**

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

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

If yes, please give brief details:

How did you hear that Cork City Marathon is seeking volunteers?

- Radio ad..... FaceBook.....
Newspaper..... Poster
Event website..... Word of mouth
Twitter..... Other (please specify):
-

Volunteer Training Sessions

A volunteer training session will be held in early May (date tbc). **Attendance is compulsory.**

References

If you **have not** volunteered with us before please supply details for two responsible people 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:** _____

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