



2014 ALZHEIMER'S ASSOCIATION SOUTHEAST FLORIDA CHAPTER VOLUNTEER APPLICATION

EVENT OVERVIEW

The Alzheimer's Association Walk To End Alzheimer's® is the nation's largest event to raise awareness and funds for Alzheimer's care, support and research. The Walk to End Alzheimer's movement unites the entire community in a display of combined strength and dedication.

VOLUNTEER OPPORTUNITIES

Walk To End Alzheimer's® would not be possible without the support of our fantastic Volunteers! As a Volunteer, we count on your invaluable contribution of time and energy to make the event a success. Walk Volunteers help us accomplish essential tasks and interact with Walkers to make this a great experience for all.

Day Before Event Set Up

This takes place the day before the Walk. Duties include unloading boxes, supplies, tables, and other materials which are then set-up throughout the event site.

Walk Day Set Up

5:00 am to 9:00 am

Set Up tables, chairs, signs, balloons, banners, water stations and other materials as needed for the event.

Walk Day Volunteers

7:00 am to 12:00 noon

Volunteers will be needed to serve food, handout t-shirts, water, flowers, assist with registration and facilitate other activities.

Course Monitors: Monitor street crossings along route and cheer for walkers as they pass.

Finish Line: Welcome walkers, handout fruit & water and congratulate them at finish line.

Coffee Booth	Children's Craft Tent
Fruit Booth	Promise Flowers
Juice Booth	Memories Made Retail Shop
Pastry Booth	Registration (arrive @ 6:30am)
Tee-Shirt Booth	Greeter (arrive @ 6:30am)
Hot Dog Booth	Advocacy Registration
Water Stations	VIP Check-In

Walk Day Clean Up

10:00 am to 1:00 pm

Break-Down Crew: Pack materials, remove banner and signs, load out, remove tables and chairs, pickup garbage and make sure event area is clean.



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PERSONAL INFORMATION

FIRST NAME _____ LAST NAME _____

MAILING ADDRESS _____

CITY _____ ST _____ ZIP _____

EMAIL _____

DAYTIME PHONE _____ CELL PHONE _____

T-SHIRT SIZE SMALL MEDIUM LARGE X-LARGE

AGE _____ (Children under the age of 12 must be accompanied by an adult)

WALK: BOCA RATON (10/11/14) WEST PALM BEACH (10/18/14)
TREASURE COAST (10/25/14) FORT LAUDERDALE (11/1/14)
MIAMI (11/8/14)

AVAILABILITY: PRE-EVENTS DAY BEFORE 5:00AM-9:00AM (SETUP)
7:00AM -NOON 10:00AM-1:00PM (BREAK DOWN)

Did you volunteer at a previous Walk? YES NO

If YES, please indicate your Volunteer Assignment _____

Are you registered to Walk? YES NO

Are you interested in ongoing Volunteer Opportunities? YES NO

WAIVER AND RELEASE OF LIABILITY

I hereby waive all claims against the Alzheimer's Association, sponsors, or any personnel from any and all claims that may arise from or result in any expenses, personal injury, loss or damage incurred to me or by me during my volunteer participation in this event. I also grant full permission for organizers to use photographs, films or videos of me and quotes from me in legitimate accounts and promotions of this event.

I also fully understand that my participation in the Association's Walk to End Alzheimer's event (hereinafter "Walk") exposes me to the risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily participating in this Walk and agree to assume any such risks.

I hereby release, discharge and agree not to sue the Alzheimer's Association for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the Walk from whatever cause, including the active negligence of the Alzheimer's Association or any other participants in the Walk.

In consideration for being permitted to participate in the Walk, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the Alzheimer's Association from any and all claims, demands, actions or suits arising out of or in connection with my participation in the Walk.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

PRINTED (Parent or Guardian if under the age of 18)

SIGNATURE (Parent or Guardian if under the age of 18)

DATE

*Please return your completed application to: Alzheimer's Association Volunteer Manager
Email: rcarter@alz.org / Fax: 561-967-0947 / Mail: 3333 Forest Hill Boulevard, WPB, FL 33406*