



Volunteer for the ALZ Star Greater Illinois Chapter Events!

FAX or mail this form back to the Alzheimer's Association to receive a volunteer confirmation with directions, time shift, contact person and other pertinent information.

- _____ **Greeters/** Stationed at points near the run site, you will direct runners to registration, gear check, and other locations.
- _____ **Pre-Registration** Greet and prepare runners to pre-race check-in for their bags and race day bibs. Make sure if runners have any donations to turn in that they are labeled with their information.
- _____ **Sponsor Guide** Help sponsors find their designated area and assist with set-up. Make them feel welcome and appreciated
- _____ **Food Area** Help us distribute donated snacks and drinks to our runners.
- _____ **Set-Up** Assist with setting-up run site.
- _____ **Break-Down** Help us wrap-up the event by breaking down tables, chairs and loading supply boxes.
- _____ **Undecided** I want to volunteer, please assign me a station

First Name: _____ Last Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Daytime Phone: _____ Home Phone: _____

E-mail: _____ T Shirt Size: _____

I am volunteering with: (group name/friend(s)) _____

I would like to volunteer, but please schedule me during a shift that still allows me to run: **Y** **N**

(Please mail or FAX this form to the address or number listed below - thanks!)

ALZ Stars

Alzheimer's Association Greater Illinois Chapter

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