



***“35 Years Racing Towards Success”***

## 2011 NOBLE Volunteer Application

### Volunteer Information

Date of Birth:		SSN:	
Date of birth and social security number required for background check; approved for this event only and is kept confidential.			
Name			
Street Address			
City, State, ZIP Code			
Home and/or Cell Phone			
Work Phone			
E-Mail Address			

### Availability: July 16 - 20, 2011

What dates are you available?			
During which hours are you available for volunteer assignments?			
<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings		
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons		
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings		

### T-Shirt Size

Adult sizes only:			
<input type="checkbox"/> Small	<input type="checkbox"/> X-Large		
<input type="checkbox"/> Medium	<input type="checkbox"/> XX-Large		
<input type="checkbox"/> Large	<input type="checkbox"/> XXX-Large		

### Interests

Tell us in which areas you are interested in volunteering:

- |  |   |
|--|---|
| <input type="checkbox"/> Information Desk at Hotel | <input type="checkbox"/> Workshop Volunteers    |
| <input type="checkbox"/> Administration            | <input type="checkbox"/> Spouse Programs        |
| <input type="checkbox"/> Events                    | <input type="checkbox"/> Youth Programs         |
| <input type="checkbox"/> Registration              | <input type="checkbox"/> Volunteer Coordination |
| <input type="checkbox"/> Conference Bag Stuffers   |   |

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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## Previous Volunteer Experience

Summarize your previous volunteer experience.

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## Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home and/or Cell Phone	
Work Phone	
E-Mail Address	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

