Volunteer Application *for* Bike to Work Day 2012

Contact Information	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	
__ STUDENT VOLUNTEER	School Name:
__ COMMUNITY VOLUNTEER	Organization:

Availability for **EVENT VOLUNTEER** position (see **Volunteer Job Description** for more information)

Check the DAYS and indicate the HOURS you are available

May 3, 2012, from 3 p.m. to 8 p.m.	**May 10, 2012, from 7 a.m. to 9 a.m.**
___ THURSDAY, May 3rd Time: *from* *to*	___ THURSDAY, May 10th Time: *from* *to*

Person to Notify in Case of Emergency	
Name	Relationship to Applicant:
Street Address	
City ST ZIP Code	
Work Phone	
Cell Phone	
E-Mail Address	

Agreement and Signature

I certify that all statements made on this application and other supplemental materials 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. I am aware that my volunteer service will be rendered willfully and will not at anytime lead to paid employment with the PTCRA.

Name of VOLUNTEER (printed):	
Date:	Signature:
If applicant is under 18 years old, parental permission is required. ◆ *Please submit the SIGNED ORIGINAL form to PTCRA.*	
Name of PARENT / Legal Guardian (printed):	
Date:	Signature:

Our Policy

The Peninsula Traffic Congestion Relief Alliance provides 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 the Alliance.

For PTCRA use only				
Date:	Application Reviewed by:			Result:
Date:	Assessment	Interview	Orientation	Result:
Date:	Assessment	Interview	Orientation	Result:
Date:	Approved by:			Result: