

Volunteer Application for the Connecticut Wounded Warrior Disabled Sports Project

*****Deadline for Applications: July 4, 2010*****

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birthdate: _____ Home Phone: _____

Cell Phone: _____ Other Phone: _____

Email Address: _____

Emergency Contact Name and Number: _____



Please indicate your preference for volunteer activities by ranking them 1, 2 and 3.

Add a * to those areas that you have experience.

- | | | |
|---|---|--|
| <input type="checkbox"/> Kayaking Instruction | <input type="checkbox"/> Equipment/Site Prep | <input type="checkbox"/> Banquet Support |
| <input type="checkbox"/> Fishing Guide | <input type="checkbox"/> Registration | <input type="checkbox"/> Food Prep/Serving |
| <input type="checkbox"/> Cycling Guide | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Medical Support |
| <input type="checkbox"/> Rowing Instruction | <input type="checkbox"/> Other, please explain: _____ | |

We will make every effort to honor preferences.

Are you a member, staff or volunteer of:

- | | | |
|---|---|--|
| <input type="checkbox"/> Sports Association | <input type="checkbox"/> Riverfront Recapture | <input type="checkbox"/> New England Handicapped Sports (NEHSA) |
| <input type="checkbox"/> Gaylord Hospital | <input type="checkbox"/> Northeast Passage | <input type="checkbox"/> Steven Roy Andrews Fishing Outreach Program |
| <input type="checkbox"/> The Hartford | <input type="checkbox"/> DSUSA | <input type="checkbox"/> CT Adaptive Rowing Program (CARP) |
| <input type="checkbox"/> Other: _____ | | |

Please indicate all times you are available to volunteer

	8 AM - 12:30	Noon - 5 PM
Thursday, August 5th, 2010		
Friday, August 6th, 2010		
Saturday, August 7th, 2010		



Do you plan to attend the banquet on Saturday evening? YES NO (\$25 for volunteers, \$80 for non-volunteers)

I would like to make an equipment or monetary donation: (please describe) _____

I would like to donate the USE of my equipment for this event: (please describe) _____

Please mail, fax or email to:

Connecticut WWDSP

Sports Association, Gaylord Hospital

Box 400, Wallingford, CT 06492

Wallingford, CT 06492

Phone: 203-284-2772

Fax: 203-284-2813

Email: TMunn@gaylord.org



**Wounded Warrior
Disabled Sports Project**



