

Please Respond by Monday, September 1, 2011  
 Phone: 732-469-7979, ext. 3514  
 Fax: 908-722-4887  
 Email: Sarah Costello Scostello@diabetes.org

**RECRUIT A FRIEND**  
*Day-of-Event Volunteer Sign-up Form*

I would like to volunteer for the following Tour de Cure event:

\_\_\_\_\_ **Saturday, September 17, 2011 Jersey Shore Tour de Cure (Brielle Elementary School, Brielle, NJ)**

Please review the activities and times listed below. Indicate the number of volunteers per area for which you and/or your organization can provide support.

**Day-of-Event Activities**

- |   |   |
|---|---|
| <p>_____ START/FINISH<br/>Area Set Up (5:30AM)</p> <p>_____ Accounting<br/>(6:30AM – Noon)</p> <p>_____ Rest Stops<br/>(6:00AM – through event)</p> <p>_____ Breakfast Set Up and Serve<br/>(5:30AM – 11:00AM)</p> <p>_____ Rider Marshal<br/>(6:00AM – through event)</p> <p>_____ Cheering / Clean-Up<br/>(10:00AM – through event)</p> | <p>_____ Registration<br/>(5:30AM – 10:30AM)</p> <p>_____ Medical Personnel<br/>(6:00AM – through event)</p> <p>_____ SAG Vehicles / Drivers<br/>(6:00AM – through event)</p> <p>_____ Lunch Set Up and Serve<br/>(10:00AM – through event)</p> <p>_____ Return Rider Check-In<br/>(10:00AM – through event)</p> <p>_____ I can help set up the day before the event</p> <p>_____ I can recruit other day of event volunteers</p> |
|---|---|

***Please print information requested and return this entire form to:  
 American Diabetes Association, Attn: Sarah Costello,  
 CenterPointe II, 1160 Route 22 East, Suite 103, Bridgewater, NJ 08807  
 Phone: 732-469-7979, ext. 3518 Fax: 908-722-4887***

**NAME** \_\_\_\_\_

**ORGANIZATION** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**TELEPHONE**  
**DAY** ( \_\_\_\_\_ ) \_\_\_\_\_ **EVENING**( \_\_\_\_\_ ) \_\_\_\_\_

**FAX** ( \_\_\_\_\_ ) \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

I agree to release and waive any and all claims I may have against the American Diabetes Association, its directors, officers, employees, agents and sponsors (collectively, ADA Indemnitees). I agree to indemnify and hold harmless ADA Indemnitees against any and all damage, injury, loss, claims, costs and expenses, including reasonable attorney fees, due to my act or omissions in connection with this event.

Signature \_\_\_\_\_

Date \_\_\_\_\_