

# Alzheimer's Tennessee

## Walk VOLUNTEER Registration Form



To receive a volunteer t-shirt,  
sign up by **5 p.m. Friday April 6, 2018.**

\*Please e-mail, mail, or fax completed form to Amanda  
Armstrong ( [amanda.armstrong@tnalz.org](mailto:amanda.armstrong@tnalz.org)) or Kay Watson  
([Kay.Watson@TNalz.org](mailto:Kay.Watson@TNalz.org))

## Saturday April 14, 2018 at the U.T. Gardens

**Yes! I'm interested in volunteering for the following job(s):** *Please select maximum of two positions and we will do our best to fulfill your request. We will follow up via email with instructions the week before the event.)*

### FRIDAY (April 8) – Load and Pre Set-up

1<sup>st</sup> Crew – 10 a.m. – 1 p.m. \_\_\_\_\_

2<sup>nd</sup> Crew – 1 p.m. – 4 p.m. \_\_\_\_\_

### Site Set-up / Maintenance

7 a.m. – 10 a.m. \_\_\_\_\_

### Volunteer Registration

7 a.m. – 10 a.m. \_\_\_\_\_

### Route /Parking / Signs

7 a.m. – 11 a.m. \_\_\_\_\_

### Balloons

7 a.m. – 9:30 a.m. \_\_\_\_\_

### Registration Tables

8 a.m. – 11 a.m. \_\_\_\_\_

### Pre-Registration Greeter

8 a.m. – 11 a.m. \_\_\_\_\_

### Incentives Table (T-shirts, etc.)

8:30 a.m. – 11:30 a.m. \_\_\_\_\_

### Photo Team

9 a.m. – 11 a.m. \_\_\_\_\_

### Pet Tent

1<sup>st</sup> Crew – 8:30 a.m. – 10 a.m. \_\_\_\_\_

2<sup>nd</sup> Crew – 10 a.m. – 11:30 a.m. \_\_\_\_\_

### WALK Central/Activities sign up

9 a.m. – Noon \_\_\_\_\_

### First Aid (please have medical experience)

8:30 a.m. – Noon \_\_\_\_\_

### Children's Area (Cookie Decorating, Face Painting)

1<sup>st</sup> Crew – 8:30 a.m. – 10 a.m. \_\_\_\_\_

2<sup>nd</sup> Crew – 10 a.m. – 11:30 a.m. \_\_\_\_\_

### Concession Booth / Drinks

1<sup>st</sup> Crew – 8:30 a.m. – 10:30 a.m. \_\_\_\_\_

2<sup>nd</sup> Crew – 10:30 a.m. – 12:30 p.m. \_\_\_\_\_

### Money Counter

8 a.m. – 11:30 a.m. \_\_\_\_\_

### Route Crew

10:30 a.m. – 12 p.m. \_\_\_\_\_

### Clean Up Crew

11 a.m. – 2 p.m. \_\_\_\_\_

General (placed where needed) \_\_\_\_\_

\_\_\_\_\_  
*Name (please print)*

\_\_\_\_\_  
*Daytime phone*

\_\_\_\_\_  
*Team Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

**Please circle size for t-shirt: S M L XL XXL**

\_\_\_\_\_  
*Email (REQUIRED for confirmation)*

### WAIVER AND RELEASE OF LIABILITY

I hereby waive all claims against Alzheimer's Tennessee, Inc., University of Tennessee, UT Gardens, sponsors, their employees, officers, volunteers or any other person or organization involved in providing the opportunity to participate in the Knoxville Alzheimer's Tennessee Walk for any injury I might suffer in this event. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

X \_\_\_\_\_  
(Signature)

X \_\_\_\_\_  
(Parent or guardian's signature if less than 18 years of age.)

**Alzheimer's Tennessee, Inc. | Here for YOU | Toll-Free Statewide 888.326.9888**

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