



VOLUNTEER FORM
RCP TIBURON MILE OPEN WATER SWIM

Sunday, October 17, 2010
Tiburon, CA

Thank you for your interest in volunteering. You will have a great time as part of the volunteer crew for the Tiburon Mile Open Water Swim. The success of this event is not possible without your valuable assistance! We are grateful for your willingness to support this event – which benefits **Hospice By The Bay**.

Please Fax this form to us at 415-507-1451 or email it as a PDF form to:

christinew@rcptiburonmile.com

First Name _____ Middle initial ____ Last Name _____

Address _____

City _____ State ____ Zip Code _____ Birth date _____

Home Phone _____ Work Phone _____ Cell _____

E-Mail _____ **(* Email is required and is our preferred method of contacting volunteers. Please provide a valid email address.)**

Previous Tiburon Mile Swim volunteer experience: _____

Do you have any physical limitations? _____

Water Safety Volunteers: We need 1 Water Vessel for every 10 Swimmers!

Do you have a boat, kayak, surfboard or Jet Ski ? (circle)

Please describe _____

(If you know other boat/kayak owners that may be available/interested in participating, please pass this on to them as well!!!)

Do you have any First Aid/CPR Certifications or other water safety background? _____

Shirt size S _____ M _____ L _____ XL _____ XXL _____

Tiburon Mile information: www.rcptiburonmile.com Race Hotline: 415/721-9990