



VOLUNTEER REQUEST FORM

Use this form to request AMA volunteers to help with your event.
Please provide completed form no later than 45 days prior to event.

ORGANIZER	CHARTER #
ORGANIZER CONTACT NAME	ORGANIZER CONTACT AMA #
ORGANIZER CONTACT E-MAIL	ORGANIZER CONTACT PHONE #
EVENT NAME	EVENT DATE

AMA SANCTION NUMBER

NAME OF VOLUNTEER CONTACT*	CELL PHONE # OF VOLUNTEER CONTACT*
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REQUESTED VOLUNTEER SHIFT(S) - DAYS, TIMES AND EXACT LOCATION

REQUESTED NUMBER OF VOLUNTEERS PER SHIFT

VOLUNTEER DUTIES (WHAT WOULD YOU LIKE VOLUNTEERS TO DO?)

VOLUNTEER INCENTIVES PROVIDED BY ORGANIZER (IF ANY)

*No AMA volunteers will be dispatched to any event until the AMA receives the name and cell phone number for at least one contact from the organization who will be at the event each day. Our volunteers need this information to properly carry out their duties.

Please return to StateChapters@ama-cycle.org.

Completing this form does not guarantee AMA volunteers will be available for your event.