

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* |
| REQUESTED VOLUNTEER SHIFT(S) - DAYS, TIMES AND EXACT LOCATION | |
| | |
| REQUESTED NUMBER OF VOLUNTEERS PER SHIFT | |
| VOLUNTEER DUTIES (WHAT WOULD YOU LIKE VOLUNTEERS TO DO?) | |
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| | |
| VOLUNTEER INCENTIVES PROVIDED BY ORGANIZER (IF ANY) | |
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*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 volunteer@ama-cycle.org.

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