



2019 BC RIDE TO CONQUER CANCER VOLUNTEER ASSIGNMENT FORM

Contact Information: (Please PRINT clearly)

Name: _____

Birthday: _____

(Must be 16+. If between the ages of 16-17, please attach written permission from parent/legal guardian)

Address: _____

Postal Code: _____

Email Address: _____

Event Day Cell Number: _____

Assignment Choices: We will do our best to accommodate your choices, but the needs of the event must be considered. Please see list of volunteer teams and choices.

1. _____
2. _____
3. _____

What dates are you available for the weekend?

- Pre Event: Helping out with administrative tasks in the office Yes No
- Friday August 23 (Cloverdale / Chilliwack) Yes No
- Saturday August 24 (Cloverdale / Chilliwack) Yes No
- Sunday August 25 (Chilliwack / Hope) Yes No

Sometimes volunteers help us move boxes and lift supplies.

Yes No

Are you comfortable lifting up to 25 lbs?

Are you a returning volunteer?

Yes No

If so, which team were you assigned last year? _____

Special considerations: Please list any physical limitations, injuries, allergies, etc.

Thank you!

Lara | [888] 624-BIKE [2453] ext. 7064 | bcridecrew@conquercancer.ca
The Ride to Conquer Cancer, Suite 303, 698 Seymour Street, Vancouver, BC, V6B 3K6

**Please return to Lara: bcridecrew@conquercancer.ca or
call [888] 624-BIKE [2453] ext. 7064**