



**SATURDAY, NOVEMBER 12, 2011  
PHILADELPHIA, PA  
9:00 A.M.**

## Y12K VOLUNTEER APPLICATION FORM

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LAST NAME

FIRST NAME

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ADDRESS

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CITY

STATE

ZIP

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EMAIL

BEST CONTACT PHONE NUMBER

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BIRTH DATE (IF UNDER 16):

- WHYY Affiliation:
- WHYY Member (Member #: \_\_\_\_\_)
  - WHYY Fan
  - Previous Volunteer
  - WHYY Employee
  - No Current Affiliation
  - Other: \_\_\_\_\_

If you are volunteering as part of a group, please indicate group name here:

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Please Check the Date(s) You Are Available to Volunteer:

- Thursday, November 10, 2011
- Friday, November 11, 2011
- Saturday, November 12, 2011

Please Indicate the Volunteer Positions You Are Interested in Filling (**we will make every effort to place you in an area of your preference, but this is not guaranteed**):

- Packet Pick-Up (Thursday)
- Packet Pick-Up (Friday)
- Set-Up/Tear Down
- Day-of Registration
- Gear Storage
- Y Kids Family Fit Zone
- Race Course
- Refreshments

Tee Shirt Size:     Small         Medium         Large         Extra Large



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EMERGENCY CONTACT NAME

PHONE

RELATIONSHIP

I wish to volunteer for the Y12K. I understand that the nature of volunteer activities that I may perform in my capacity as a volunteer may involve physical activity, contact with unidentified and/or unfamiliar persons, or other potential risk of bodily injury or damage to property. Knowing this and in consideration of being allowed to volunteer, I hereby assume full and complete responsibility for any personal injury and/or property damage that I sustain or cause during my participation as a volunteer. In addition, I hereby release, hold harmless and covenant not to file suit against WHYY, Inc. and any of their employees, volunteers, partners, agents, sponsors, board members and successors from any and all loss, liability or claims I may have arising out of my service as a volunteer.

I understand that as a volunteer, I may become privy to confidential information about WHYY, Inc. I agree to maintain the confidentiality of any information marked "confidential" as well as any information about WHYY, Inc.'s internal procedures, business operations, personnel information and the like that is not otherwise publicly disclosed by WHYY, Inc. I will not use any confidential information in any manner that would be detrimental to WHYY, Inc., and I will avoid any actions that might impair the reputation of WHYY, Inc.

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PRINTED NAME OF APPLICANT

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SIGNATURE OF APPLICANT

DATE

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SIGNATURE OF APPLICANT'S PARENT OR GUARDIAN (IF UNDER 16)

DATE

**Please fill out this form in its entirety and email to [y12k@whyy.org](mailto:y12k@whyy.org) or mail to:**

Y12K c/o Lauren Hughes  
WHYY  
150 N. 6th Street  
Philadelphia, PA 19106