



A member of Children's Hospital and Health System.

DAVE & CAROLE MIRACLE MARATHON PHONE BANK VOLUNTEER FORM

Join us for the 12th annual Dave & Carole Miracle Marathon benefiting Children's Hospital of Wisconsin on May 20-22. Once again, we need volunteers to answer phones when donors call in throughout the event. The phone bank will be located in Children's Hospital's new West Tower at 9000 W. Wisconsin Ave. in Wauwatosa. Depending on the shift, the phone bank will need up to 26 volunteers to take pledges during the event.

Please indicate the shift(s) that you are available to volunteer in order by preference (#1 as first choice, #2 as second and so on...), and return form by **Friday, May 1. NEW THIS YEAR:** All phone bank volunteers must fill out a volunteer certification form along with the phone bank form. **Both forms must be completed in order to be considered.** **Please note: We cannot guarantee you will receive your first choice of date/time.** A confirmation letter will be sent to confirmed volunteers **on a first come, first served basis.** *(If you do not receive a confirmation letter, seats have been filled.)*

The confirmation letter will also include directions to the Children's Hospital new West Tower and other pertinent information.

Feel free to make copies of this form for your friends, family and colleagues. Thank you!

Please print clearly
Name: _____
Company: _____
Address: _____
City: _____ State: _____ ZIP: _____
Daytime Phone: (____) _____ Fax: (____) _____
E-mail: _____

NOTE: All shifts on Wed., May 20, have already been filled by our wonderful sponsors!

THURSDAY, MAY 21

- 5:00 a.m.-8:30 a.m.
- 6:00 a.m.-9:30 a.m.
- 8:30 a.m.-12:30 p.m.
- 9:30 a.m.-1:30 p.m.
- 12:30 p.m.-4:30 p.m.
- 1:30 p.m.-5:30 p.m.
- 4:30 p.m.-8:30 p.m.

FRIDAY, MAY 22

- 5:00 a.m.-8:30 a.m.
- 6:00 a.m.-9:30 a.m.
- 8:30 a.m.-12:30 p.m.
- 9:30 a.m.-1:30 p.m.
- 12:30 p.m.-5:30 p.m.
- 1:30 p.m.-5:30 p.m.

Please complete this form and return by **Friday, May 1st** to:

Lora Gatzke
1275 Shadowood Circle #201
West Bend, WI 53095
Cell phone: (414) 852-6156
Fax: (262) 251-1786
loragatzke@hotmail.com



Volunteer Certification

All volunteer positions handling monetary transactions in the form of cash, checks or confidential donor credit card information must complete this volunteer certification form prior to assignment and be given approval by Children's Hospital and Health System Foundation.

| | |
|---|--------------------|
| Name (First, Middle and Last): | |
| Any Other Names By Which You Have Been Known (including maiden name): | Birth Date: |
| Address: | |

Have you ever had criminal charges pending against you or were you ever convicted of any crime anywhere including in Federal, State, Local, Military and or Tribal Courts?

Yes No

If Yes, list each charge or crime, when it occurred or the date of the conviction, and the city and state where the court is located.

Have you resided outside of Wisconsin in the last 3 years? Yes No
If Yes, list each state and the dates you lived there.

A "No" answer to the above questions, does not guarantee volunteer assignment approval.

I voluntarily give Children's Hospital and Health System Foundation (CHHSF) permission to conduct an investigation of all information contained above. If offered a volunteer position, I understand that the results will be kept confidential and only used as necessary in connection with my volunteer assignment.

I certify that the statements made on this form are true and complete and understand that my volunteer assignment may be terminated for any misstatement, misrepresentation or omission of fact appearing on my certification form.

Signature _____

Date _____

Printed Name _____