

2015 Crew Assignment Form

Please fill in all of the information below and return the form by fax, post or email.

1. Contact Information: (Please PRINT Clearly)

Name: _____

Email: _____ Cell Number: _____

2. Valid Licenses/Certifications:

- RN/LVN/LPN
- Paramedic
- Special License (C 3, etc) _____
- Other _____

3. Weight you are capable of lifting:

- 0 lbs
- 10-20 lbs
- 20-30 lbs
- 30-40 lbs
- 40+ lbs

4. Vehicles you are comfortable driving:

- None
- Van (7 person minivan) or SUV
- 15 ft. Truck
- 24 ft. Truck
- Manual Transmission Truck

5. Assignment Choices: *We will do our best to accommodate your choices, but the needs of the event come first.*

1. _____

2. _____

3. _____

6. Can you provide your own vehicle?

Yes No

**Please note that certain teams are required to provide their personal vehicle for transportation. Fuel reimbursements will be issued onsite. If yes, what make of vehicle are you bringing _____*

8. Are you currently a student?

Yes No

10. Are you part of a corporate team?

Yes No

12. Would you be interested in hosting Crew info session?

Yes No

13. Are you available on the Friday (Day before event weekend)

Yes No

11. Do you drive? (some start times are before transit opens)

Yes No

12. Are you a returning Crew Member?

Yes No

13. Special Considerations: *Please list any physical limitations, injuries, allergies, refer a friend etc.*