

VOLUNTEER REGISTRATION FORM

Please print, complete all fields, and mail it to:
396 E. Linden, Boise, Idaho 83706



The caring individuals who generously volunteer their time and energy ensure the success of an event of this caliber. No matter what level you wish to participate, we welcome your enthusiasm and skills to make Ride Idaho the best multi-day ride in the country.

Personal information*

Name: First _____ Last _____

Birthdate: ____/____/____ Gender: Male Female

Address: Street _____ City/State _____ Zip _____

Email: _____

Phone: Home _____ Cell _____

Occupation (former): _____ Employer: _____

Do you have a valid driver's license? Yes No

License # _____ State? _____. Expires: ____/____/____

How did you learn about Ride Idaho? _____

Do you know any riders & what is your relation to them? _____

Describe the vehicle or camper you will drive/pull. Make & Model: _____

License Plate State & Number: _____. Is there an awning: _____

In Case of Emergency

Contact Name: _____ Relation to you: _____

Cell phone: _____ Land Line phone: _____

Volunteer Skills

Are you able to work 8 to 12 hours per day? Yes No

Do you have experience driving a 24 ft. moving truck? * Yes No

**Must be 21 years of age or older*

Do you have a current CDL license? * No Class A Class B

Are you able to lift up to 60 lbs.? (Not required) Yes No

Are you available for the full week of the event? Yes No

Are you able to help with projects before or after the ride? Yes No

Start date before ride: _____. Last day avail. after the ride: _____

Circle your preferred position:

ROUTE support: Aid Station, Lunch Station, Re-supply Truck Driver, or Route Marker.

CAMP support: Luggage Truck Driver, Gear Truck Driver, Info Tent Set-up/Break-down/Attendee, Trash/recycling receptacle distribution/retrieval?

Other Skills you may want to lend to Ride Idaho (software, marketing, graphic design): _____

Volunteer Experience

How many times have you participated in Ride Idaho?

Please describe your volunteer experience, civic activities, professional memberships, and other event volunteer experiences.

Have you worked successfully as a part of a team? Tell us about it.

What do you hope to gain from your weeklong experience as a Ride Idaho volunteer?

Special Needs

Do you prefer vegetarian meals? Yes No

Please list any special needs or physical restrictions _____

Please list any medications you are prescribed _____

Please list any allergies or medical conditions _____

Which T-shirt should we provide you? S M L XL 2XL 3XL

As a volunteer, you will receive three t-shirts, one hat, some other schwag, daily meals and drinks, a place to pitch your tent, and many good memories.

** We conduct background checks on all Ride Idaho volunteers. Volunteers are required to sign the same liability waiver as riding participants.*

Signature _____ **Date** ____/____/____

Printed name _____ **Welcome to the ride!**