

# Volunteer Driver Application

July 30- August 9<sup>th</sup> , 2009

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE:      Cell/Work: \_\_\_\_\_ Home: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**PLEASE INDICATE BELOW THE SHIFTS YOU WANT TO WORK.  
FOUR SHIFT MINIMUM is required for all volunteers**

	THUR 7/30	FRI 7/31	SAT 8/1	SUN 8/2	MON 8/3	TUES 8/4	WED 8/5	THUR 8/6	FRI 8/7	SAT 8/8	SUN 8/9
7:00am- 11:30am											
11:30am- 3:30pm											
3:30pm- 7:30pm											
7:30pm- 11:30pm** Depending upon when matches end											

**ONE TICKET PER SHIFT WORKED. PLEASE INDICATE YOUR CHOICE.**

	MON 8/3	TUES 8/4	WED 8/5	THU 8/6
DAY SESSION				
EVENING SESSION				

T-shirt size (unisex size):      **S      M      L      XL      XXL**

**Return form and A CLEAR COPY OF YOUR VALID DRIVER'S LICENSE to:**

Marla Ono  
15 Siesta Court  
Portola Valley, CA 94028  
Ph: (650) 854-6180  
e-mail: [mmonoconsultant@aol.com](mailto:mmonoconsultant@aol.com)