

**THE RIDE FOR MISSING CHILDREN-CNY
NCMEC/MOHAWK VALLEY
FRIDAY, MAY 18, 2012
VOLUNTEER REGISTRATION FORM**

Name: (As it appears on your social security card)			Date of Birth (mm/dd/yyyy)
(last Name)	(First Name)	(Middle Initial)	Age on Day of Ride <small>(Volunteers must be age 15 by the day of the ride (May 18, 2012))</small>

Mailing address: <small>(Street, city, state, zip code)</small>	Street:	City:	State:	Zip:
---	----------------	--------------	---------------	-------------

Telephone:	(Work)	(Home)	(Cell)
E-Mail:	(1)	(2)	(3)

(your e-mail address can be removed from our records upon your future request)

I am a New/1st-year Volunteer (First Year Volunteers Only) T-Shirt Size: Small Medium Large X-Large XX-Large

I am a Returning Volunteer with _____ years in the Ride I am celebrating a milestone year 5-years 10-years 15-years

Check those years you have participated in the Ride as a volunteer:

'97 '98 '99 '00 '01 '02 '03 '04 '05 '06 '07 '08 '09 '10 '11

Employer: I would like information on how my employer can sponsor The Ride for Missing Children CNY.

Please Check the Volunteer position(s) that you are interested in undertaking on the day of the Ride

Food Rider bags Driver (Trucks or other supply vehicles, No special license required)

Opening Ceremony Closing Ceremony (hours can vary)

Bike Loading Bike Unloading

Volunteer Eligibility – *Volunteers Must be age 15 by the day of the Ride (May 18, 2012).* On the day of the Ride, Volunteers younger than 18 must be accompanied by a Parent/Guardian. That Parent/Guardian must also complete a Volunteer application.

Volunteers are invited to participate in the monthly Rider and Volunteer meetings. Please be advised that volunteers will be expected to attend 1 or more of these meeting as preparation for the Ride. You will be notified of the dates of these required meetings.

Rider Signature:	Date:
As parent and natural guardian of the above-named child (the "Child"), I hereby authorize the Child's participation. I represent that I am eighteen (18) years of age or older, that I am the parent or legal guardian of the Child under the laws of the Child's state of domicile and have the legal authority to sign this Authorization and Release on behalf of the Child, and that I have read, fully understand, and agree to the contents of this Waiver and Complete Release of Liability.	
Parent of Minor Child Signature*:	Date:

Instructions:

1. Please print out the form,
2. Fill in the required information, and
3. Send or drop off the completed form at:

NCMEC/NY-MV
934 York St
Utica, NY 13502