



2010/2011 Volunteer Application Package



Dear 9/11 Blue Valor Run Volunteer,

On behalf of the P.O. Ken Tietjen Memorial Foundation, in conjunction with the National Law Enforcement Officers Memorial Fund and the Twin Towers Initiative, we'd like to thank you for your interest in volunteering for the inaugural 9/11 Blue Valor Run on May 12, 2010, from Ground Zero to Police Week in Washington, D.C.

On this day, law enforcement officers and civilian supporters from across the country will unite at Ground Zero for a 226-mile charity motorcycle run to commemorate the 10th anniversary of 9/11 where 72 law enforcement officers sacrificed their lives saving others. The ride will also bring recognition to the Law Enforcement Memorial, which pays tribute to all officers who give their lives in the line of duty each year. The funds raised from this annual ride will go to support the P.O. Ken Tietjen Memorial Foundation and the National Law Enforcement Officers Memorial Fund.

As you can imagine, organizing a motorcycle run of this size and magnitude is an enormous undertaking, and will not be possible without the help of many committed volunteers.

If you're committed to volunteering for the run, please complete the attached application form as soon as possible and mail it to:

The P.O. Ken Tietjen Memorial Foundation
P.O. Box 77
Belford, NJ 07718

Please note that all volunteers must be 18 years of age or older. If you have any questions, please contact the P.O. Ken Tietjen Memorial Foundation at (732) 887-0645. Thank you for your participation in what we're confident will be an amazing event!

9/11 Blue Valor Run Volunteer Registration Form

Personal Information

Last name:	First name:	Middle initial:
Address:		
City:	State:	Zip:
Phone number:	Alternate:	Email:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Shirt Size: <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lrg <input type="checkbox"/> XL <input type="checkbox"/> 2XL	

I am a:

- Police Officer (*active*)
- Police Officer (*retired*)
- Surviving family member or friend of officer killed in the line of duty
- Court Officer
- Corrections Officer
- Law Enforcement Officer (other) _____
- Medical worker (EMT, RN, etc.)
- Ken Tietjen Foundation Member
- Other _____

Affiliation Information - *If you are affiliated with a law enforcement agency, please complete this section.*

Department name:		
Address:		
City:	State:	Zip:
Phone number:		

Although volunteers are not required to raise funds, would you like to assist the 9/11 Blue Valor Run through personal fundraising? *(If yes, we will supply you with access to a free, personalized fundraising web site.)*

Yes, I would like to help raise funds for the ride. No, I will not be able to raise funds for the ride.

Volunteer preference - *(Please check all that apply)*

<ul style="list-style-type: none"> <input type="checkbox"/> Medical/EMT team <input type="checkbox"/> Motorcycle mechanic <input type="checkbox"/> Rider registration (<i>including day of</i>) <input type="checkbox"/> Rider departure <input type="checkbox"/> Help secure sponsors <input type="checkbox"/> Help coordinate hotel check in <input type="checkbox"/> Help coordinate welcome party <input type="checkbox"/> Help coordinate welcome ceremony <input type="checkbox"/> Help coordinate departure ceremony 	<ul style="list-style-type: none"> <input type="checkbox"/> Help design and order t-shirts, pins, patches <input type="checkbox"/> Help coordinate rest stop refreshments <input type="checkbox"/> Media relations <input type="checkbox"/> Help secure advertising/event notification <input type="checkbox"/> Photography <input type="checkbox"/> Organize volunteers <input type="checkbox"/> Other (<i>write in</i>) _____
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Medical Information - *If you plan to travel with the group to Washington D.C., please complete this section.*

Name of insurance carrier:	
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Group number:	ID number:	Date of birth:	Blood type:
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Do you have any allergies or medical conditions that may affect your ability to participate in this event?

Emergency Contact Information

Name:	Relationship:
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Address:	Phone number: Cell/Alternate:
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