

# MEDICAL VOLUNTEER APPLICATION

## 114th Boston Marathon • April 19, 2010

**ALL VOLUNTEERS MUST BE AT LEAST 18 YEARS OF AGE**

On-Line Volunteer Registration is Available at [www.baa.org](http://www.baa.org)

First Name

Last Name

Address

City  State  Zip

Daytime Phone  -  -

Evening Phone  -  -

D.O.B.  -  -  Volunteer ID # (if applicable)

Email Address (important) \_\_\_\_\_

Emergency Contact (name & phone #) \_\_\_\_\_

Citizenship (if not U.S.) \_\_\_\_\_

Occupation \_\_\_\_\_

Hospital/School Affiliation \_\_\_\_\_

Area of Specialty \_\_\_\_\_

Medical License or Registration # \_\_\_\_\_

Do you have personal professional liability insurance? Y N

Have you worked previous B.A.A. events? Y N Number of years? \_\_\_\_\_

If so, what was your assignment? \_\_\_\_\_

Are you interested in volunteering for any other B.A.A. events? Y N

### PROOF OF CERTIFICATION MANDATORY

Please tape a photocopy of current State Registration/License on back

#### Volunteer's Agreement, Waiver, Release and Acknowledgment:

In consideration of your accepting me as a volunteer for the Boston Athletic Association ("B.A.A."), I hereby for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against the B.A.A., the sponsors, the volunteers, the participants, the Commonwealth of Massachusetts, and the cities and towns in which the race is contested, their representatives, successors and assigns for any and all injuries suffered by me in said event. I grant to the B.A.A. and the B.A.A.'s sponsors and licensees the exclusive right to the free use of my name, my voice and/or my picture in any broadcast, telecast, advertising, promotion or other account of this event. I further attest and certify that I am physically fit.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please sign the waiver above and return this form to: Application **MUST** be received by February 1, 2010.  
B.A.A. Volunteer Registration  
40 Trinity Place, 4th floor  
Boston, MA 02116

#### REMINDER TO ALL MEDICAL STAFF

Universal precautions are utilized in the medical tent, and supplies are available for our needs.

#### VOLUNTEER COORDINATOR

Elisabeth Worthing: email: [worthing@baa.org](mailto:worthing@baa.org);  
Telephone: (617) 236-1652, x2630

#### CONFIRMATION

You will receive notification as to your assignment by March 19, 2010.



**BOSTON MARATHON®**

**April 19, 2010**

#### MEDICAL QUALIFICATION

- |                                |                                   |
|--------------------------------|-----------------------------------|
| <input type="checkbox"/> MD    | <input type="checkbox"/> ATC      |
| <input type="checkbox"/> RN    | <input type="checkbox"/> DC       |
| <input type="checkbox"/> IV-RN | <input type="checkbox"/> PA       |
| <input type="checkbox"/> PT    | <input type="checkbox"/> RESIDENT |
| <input type="checkbox"/> EMT   | <input type="checkbox"/> STUDENT  |
| <input type="checkbox"/> DPM   |                                   |

#### JOB ASSIGNMENTS

Select your first & second choices by writing the numbers "1" or "2"

- Athletic Trainers
- Chiropractic
- Course Medical Bus
- Massage
- MD (Tent)
- MD (Finish Line)
- Medical Records\*
- Medical Security\*
- Non-Medical Assistants and/or Students\*
- Physical Therapists
- Podiatric Medicine
- RN (Medical Tent)
- Supply Team\*
- Sweep Team
- Wheelchair Sweep\*

\*Jobs open to medical students.

#### VOLUNTEER JACKET

Requested size is not guaranteed

- |                                 |                                   |
|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Small  | <input type="checkbox"/> X-Large  |
| <input type="checkbox"/> Medium | <input type="checkbox"/> XX-Large |
| <input type="checkbox"/> Large  |                                   |