



GENERAL VOLUNTEER APPLICATION

Contact Information:

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone (Day): () _____ **(Evening):** () _____ **(Mobile):** () _____

E-mail: _____

T-Shirt Size (Unisex): S M L XL XXL **Age:** _____

Are you a student? Yes/No (Please Circle) **School Attending:** _____

GSOC Volunteer Status: _____ Veteran _____ New

Previous GSC Volunteer Experience: _____

Which events are you most interested in? (Please check all that apply)

***Shift schedules vary with each event.

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Football | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Auto Racing | <input type="checkbox"/> Golf | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Heart of Florida Airshow | <input type="checkbox"/> Track and Field |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Marathon | <input type="checkbox"/> Weightlifting |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Soccer | <input type="checkbox"/> 5K Road Race |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Softball | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Swimming | |
| | <input type="checkbox"/> Synchronized Swimming | |

PLEASE RETURN COMPLETED APPLICATION TO:

Gainesville Sports Commission

ATTN: Joleen Cacciatore, Associate Executive Director

300 E. University Avenue, Suite100/ Gainesville, FL 32601

Phone: (352)338-9300/Fax: (352)338-0600

jcacciatore@gainesvillesportscommission.com