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# **2024 Professional Truck Driving Championships Volunteer Form**

Volunteer Form
June 1, 2024
Name
First Name Last Name
Email
example@example.com
Employer
Emergency Contact
First Name Last Name
Emergency Phone Number
Please enter a valid phone number.
Note: You must be on the grounds no later than 7:00 am Saturday morning for volunteer walkthrough.
Do you have any previous judging experience?  Yes

If so, where?
Years of experience:
What position/post would you like to volunteer/judge?
Note: The committee will attempt to place you in the above stated position/post, but it is not guaranteed. This year's event will be followed by the Awards presentation and dinner at Blackjacks Roadhouse. Transportation details to follow closer to event.
Will you be attending the post-event Awards and dinner?
Yes No
Do you or your company wish to donate a door prize?
Yes No
Do you have any food allergies?
<u>Disclaimer/Volunteer Policy</u> 1. I will be bound by all orders, rules and regulations governing the Alberta Motor Transport

- I will be bound by all orders, rules and regulations governing the Alberta Motor Transport Association Truck Driving Championships.
- 2. Both to myself and my heirs, and personal representative, I release the Alberta Motor Transport Association for any and all liability and any right of action that may arise from any damage or injury which I may receive while attending or participating in said driving championships, or loss of income from any of the aforesaid.
- 3. All information submitted on this form shall be considered confidential and shall be retained by the AMTA.
- 4. Age limit must be age of majority (18+).
- 5. All volunteers operating AMTA or sponsored equipment must have prior authorization. The volunteer must have a valid driver's license with the proper class of license to operate the vehicle or equipment.

#### Only one volunteer per form

Please contact the Calgary AMTA for any further assistance. Thank you for volunteering, we appreciate your participation.

## **Signature**

#### **Date**

Month Day Year

To submit PDF application, Email your completed form to Angie Parent at: angie.parent@amta.ca **before May 13, 2024**.

For more information call 1-800-267-1003

# **Lunch Menu**

#### Name

First Name Last Name

### **Phone Number**

Please enter a valid phone number.

Included in each box lunch: Carrot & Celery Sticks with Ranch Dip, Rice Crispy Treat

# Please select one of the following:

- Box 1: Classic Chili Con Carne, Freshly baked bun w/ butter
- Box 2: Ham Sandwich on Baguette w/ Lettuce, Mayo and Cheddar
- Box 3: Italian Chicken Wrap w/ Pulled Chicken, Roasted Pepper Bruschetta, Spinach and Provolone Cheese
- Box 4: Chicken Caesar Salad w/ Cubed Chicken Breast, Croutons and Garlic Toast
- Box 5: Vegan Rice Bowl w/ Brown Rice, Shredded Lettuce, Red Cabbage, Cooked Chickpeas, Cucumber and Carrot
- Box 6: Garden Fresh Tomato Soup, Freshly baked bun w/ butter Saltine Soda Crackers