

# Volunteer Form

Please Print

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Mailing address (include Apt. and or c/o)  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone Number  
( \_\_\_\_\_ ) \_\_\_\_\_

Day Telephone Number  
( \_\_\_\_\_ ) \_\_\_\_\_

Age \_\_\_\_\_ (optional)

Your Organization's Name  
\_\_\_\_\_

Email Address:  
\_\_\_\_\_

Waiver: In consideration of your accepting this entry, I the above signed, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against VA Butler Healthcare, Butler LHOT and any other sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest that I will participate in this event as a volunteer. Further I hereby grant full permission to use my name and likeness, as well as any photographs or any record of this event in which I may appear for any legitimate purpose including advertising and promotion.

Signature  
\_\_\_\_\_

**Yes! I'd like to help with the following:**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Registration | <input type="checkbox"/> Packet Pick-up       |
| <input type="checkbox"/> Start Line   | <input type="checkbox"/> Water Stations       |
| <input type="checkbox"/> Refreshments | <input type="checkbox"/> Mile Post Clocks     |
| <input type="checkbox"/> Finish Line  | <input type="checkbox"/> Wherever You Need Me |



## WHAT DO YOU TAKE FOR GRANTED?

Butler County currently has eight providers who offer services to individuals experiencing homelessness.

- Catholic Charities of the Diocese of Pittsburgh
  - Lighthouse Foundation
  - Salvation Army
- Center for Community Resources (The HOPE Project)
  - VOICe
- Butler Veterans Affairs Medical Center
  - Butler Housing Authority
- Department of Public Welfare

### Checks are to be made out to:

Center for Community Resources

### Mail Registration to:

Catholic Charities  
120 West New Castle Street  
Butler, PA 16001

**BUTLER COUNTY**



**LOCAL HOUSING OPTIONS TEAM**

Run for Shelter 5k  
August 11, 2012 - 9:00 am

**Proceeds Benefit Local Homeless Providers**



## IF YOU HAVE...

food in your fridge, clothes on your back, a roof over your head and a place to sleep

## YOU ARE RICHER THAN **75%** OF THE WORLD

# MISSION STATEMENT

"To raise awareness of homeless and housing issues and to eliminate barriers to safe, accessible, affordable housing; therefore, promoting dignity, hope and stability in our community."

## WHEN

Saturday, August 11, 2012 @ 9:00am

## WHERE

Butler Veteran Affairs Medical Center  
325 New Castle Rd, Butler, PA 16001

## FEES

5k Run / Walk \$15  
Kids 12 and Under \$7

*\*Make Checks payable to: Center for Community Resources*

## PACKET PICKUP

Thursday August 9<sup>th</sup> and Friday August 10<sup>th</sup>  
From 9:00am – 5:00pm @ Catholic Charities  
(120 West New Castle St., Butler, PA 16001)

## OR

From 7:30am – 8:45am on race day at the registration area.

## COURSE

Enjoy a beautiful, slightly rolling, scenic run through the Veterans Affairs Medical Center. The race will start near the rear entrance.

## T-SHIRTS

T-Shirts & Runner's Goodie Bags guaranteed to all pre-registered entries by August 1<sup>st</sup>  
Late registrants, while supplies last.

## KIDS FUN RUN

Kids Fun Run will start immediately following the 5k.

### Age Groups & Distances:

- 5yrs and under – 50 meters
- 6-10yrs – 200 meters
- 11-12yrs – 400 meters

## AWARDS

Overall Male and Female Awards for 1<sup>st</sup> 2<sup>nd</sup> and 3<sup>rd</sup> place finishers

Male and Female Age Group Awards for 1<sup>st</sup> 2<sup>nd</sup> and 3<sup>rd</sup> place finishers

**Age Groups:** 7-11, 12-15, 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+

## PRIZES

All finishers will be eligible for dozens of raffle prizes and post-race prize drawing.



## Entry Form

*Please Print*

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Mailing address (include Apt. and or c/o) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

T-shirt Size Sm Med L XL

Email Address: \_\_\_\_\_

Waiver: In consideration of your accepting this entry, I the above signed, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against VA Butler Healthcare, Butler County Local Housing Options Team, and any other sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest that I will participate in this event as a footrace entrant, that I am physically fit and sufficiently trained for the completion of this event. Further I hereby grant full permission to use my name and likeness, as well as any photographs or any record of this event in which I may appear for any legitimate purpose including advertising and promotion.

Signature \_\_\_\_\_

Signature of parent or guardian (required if participant is under 18 years of age.) \_\_\_\_\_

## ORDER FORM

Entry Fee (\$15) \_\_\_\_\_

Kids Fun Run (\$7) \_\_\_\_\_

Donation \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

**All proceeds to benefit  
Butler County Homeless and Housing Providers**