

(810) 984-4131 • BWHCH.ORG

3403 Lapeer Road – Suite B101, Port Huron, MI 48060



## Volunteers Needed!

This annual event runs on lots of volunteers! **We need 100+ volunteers** to fill jobs along the course. Volunteers can be staff, family, and friends along with our agency volunteers. If you are interested, please let Heidi know by **Friday, May 8, 2026**.

### Parking Attendee 6 a.m.

Stationed around the park to give parking directions for the event.

### Car Watcher 7:15 a.m.

Assigned to street sections to keep cars from hitting the runners. This is a very important job!

### Course Cheerleaders (100+) 7:30 a.m.

Line up along the course and cheer for the runners.

Name \_\_\_\_\_ Contact # \_\_\_\_\_

Time you are available (6 a.m. - 11 a.m.) \_\_\_\_\_

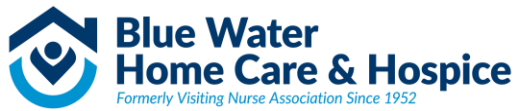
### Volunteer t-shirts will be provided

To receive a t-shirt, you must sign up by 5/8/26. Circle a shirt size:

Youth: S M L XL      Adult: S M L XL 2XL 3XL

Interested? Contact Heidi Benner, Volunteer Coordinator at (810) 388-6120 or heidi.benner@bwhch.org. Forms can be completed online at BWHCH.org/River-Run or mailed to Heidi Benner at: 2795 Edison Drive, Marysville, MI 48040.





## VOLUNTEER WAIVER

Thank you for volunteering to help with Blue Water Home Care & Hospice. Please read, complete, and sign the following form to participate in this event.

### VOLUNTEER INFORMATION (PLEASE PRINT CLEARLY)

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_ Phone: \_\_\_\_\_

### VOLUNTEER AGREEMENT

As a volunteer, I release and hold harmless Visiting Nurse Association Health Services (dba Blue Water Home Care & Hospice) and their successors from any and all claims, costs, suits, actions, judgments, or expenses upon any damage, loss or injury to me or to my property which may arise from this volunteer event.

I acknowledge that I am fully aware of any and all risks posed by these volunteer activities and that I have no medical condition that prevents me from engaging in them.

I also give permission to be photographed by project partners or the media for use in printed materials, internet, or other media outlets.

In signing below, I acknowledge that I have read and understand this volunteer agreement.

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

**NOTE: If the volunteer is under the age of 18, a parent or legal guardian must sign.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send this form to Volunteer Coordinator Heidi Benner: **email** [heidi.benner@bwhch.org](mailto:heidi.benner@bwhch.org) or **mail** Blue Water Hospice Home, 2795 Edison Drive, Marysville, MI 48040.