

# 2012 Volunteer Contract

CreateND - North Dakota Affiliate of Destination ImagiNation, Inc.



Dear Volunteer,

Welcome to our tournament and thank you for volunteering to be a crucial part of our tournament day. You can look forward to enjoying our CELEBRATION OF CREATIVITY! If you have never volunteered at our event before, don't worry. We will have everything you need to know at your job site and you will have a wonderful time!

*its a fun job, but someone has to do it!*

Please complete this form and return it to the address listed below. Please be advised that by filling out this form you have COMMITTED to attending the following event:

## **Destination ImagiNation State Tournament: March 31st, 2012**

from approximately 8:00 a.m. -5:00 p.m. Volunteers are committed to working in their assigned job site for approximately 2 hours on the day of the tournament. We will make every effort possible that there is no conflict with you being able to watch your child's solution to their teams challenge.

Note: Please take your commitment seriously. The kids put MANY hours into the solution of their challenge. This program teaches kids commitment and teamwork and we expect the adults to set the proper example. Teams without a volunteer will not be allowed to advance to the next level of competition. We often see teams hurt because the adults did not take their commitment seriously. Please understand that we have this policy only because North Dakota Destination ImagiNation® is run totally by volunteers and we cannot provide a state tournament without the commitment from each team to provide us with these crucial volunteers.

If you have a prior commitment on March 31st, 2012

**DO NOT FILL OUT THIS FORM.**

Return it to the team manager and ask them to find another volunteer in your place.

*THANK YOU!!*

Volunteer Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (H): \_\_\_\_\_ (Cell): \_\_\_\_\_ E-mail (required) \_\_\_\_\_

Team Name \_\_\_\_\_

Team Manager \_\_\_\_\_ Team Membership #: \_\_\_\_\_

**Please complete this form and return prior to January 15, 2012 to:**

**Ruth Faul - Tournament Director**

2756 15th St NE | Harvey ND 58341

Prior DI Tournament experience: \_\_\_\_\_

My Child(ren) is(are) in Challenge(s): A B C D E Level: EL ML SL Rising Stars!

(Circle all that apply.)